

Child Care Manual



CHILD CARE MANUAL

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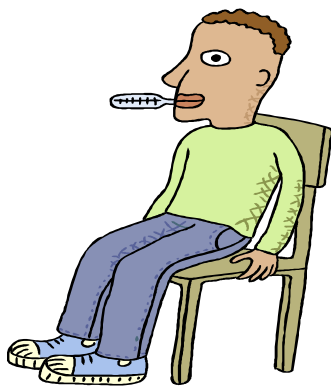
HOW DISEASES ARE SPREAD

This section tells about disease that can spread from one person to another. Children in the home or in any type of child care setting can get these diseases, but they have MORE chances to pick up disease germs when they spend a long part of each day in a group setting. Knowing about these diseases and how they spread will help you take measures to stop them in your child care setting.

There are three basic kinds of diseases that occur in child care

- Diseases that spread through the intestinal tract
- Diseases that spread through the respiratory system
- Diseases that spread through direct contact (touching)

DISEASES THAT SPREAD THROUGH THE INTESTINAL TRACT

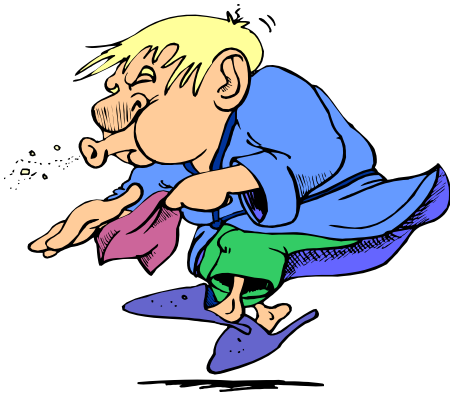


Several diseases that travel easily among young children pass from the intestinal tract of one person to another. When a few of these disease germs enter a person's MOUTH, they pass through the stomach into the INTESTINES and multiply there. Some of these diseases, like certain kinds of diarrhea, affect the intestinal tract only.

Diseases that spread through the intestinal tract appear in the stool (bowel movement, feces) of anyone who has the infection, WHETHER OR NOT THAT PERSON SEEMS OR FEELS SICK. This is why hand washing after using the toilet or changing diapers is ALWAYS important, not just when there is a known case of illness in your center.

Disease germs can live outside the body on objects or surfaces for hours or even days. Since you can't see germs without a microscope, an object can LOOK clean even when there are disease-causing germs on it. Just a few germs are enough to spread an infection to another person or contaminate something that might end up in a child's mouth.

DISEASES THAT SPREAD THROUGH THE RESPIRATORY SYSTEM

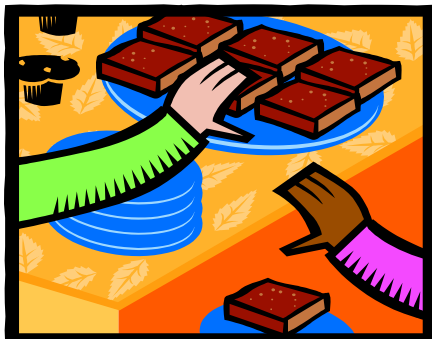


Children who are not yet toilet trained probably pass intestinal tract infections most easily, but ANYONE who doesn't carefully follow correct hygiene procedures can spread illness.

Another group of diseases that occur most frequently in child care groups spread from the respiratory system of one person to another. Respiratory diseases spread through the air when a person coughs or sneezes or even speaks or sings. In groups of children, respiratory infection may also spread by contact with saliva or the runny nose of an infected person. This can happen when a hand or an object touches the mouth, nose or eye of another child or adult. Or, it can happen through kissing or sharing food. Respiratory disease germs can live on cloth, tissues, or other surfaces for hours or even days. Therefore, touching contaminated toys, tissues, and objects can spread these diseases.

People often spread respiratory diseases during the incubation period before they come down with symptoms. Sometimes a child or an adult can spread one of these diseases even if they never develop symptoms of illness themselves.

DISEASES THAT SPREAD BY DIRECT CONTACT (Touching)



Other diseases that can be problems in child care are spread by direct contact. In other words, someone can catch these diseases simply by touching the infected area of another person's body. The most common diseases in this group are: HEAD LICE, IMPETIGO, SCABIES and CHICKEN POX.

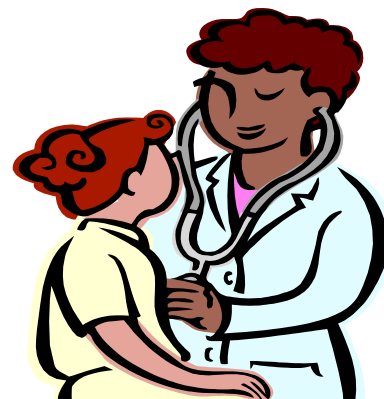
SYMPTOMS OF ILLNESS

A child should be checked as they enter the child care facility and observed for illness throughout the day

- ✓ Severe coughing – child gets red or blue in the face (makes high-pitched croupy or whooping sounds after he coughs)
- ✓ Breathing trouble – especially important in an infant under six months old
- ✓ Yellowish skin or eyes
- ✓ Pinkeye (tears, redness of eyelid lining, irritation, followed by swelling and discharge of pus)
- ✓ Unusual spots or rashes
- ✓ Infected skin patch(s) – crusty bright yellow, dry, or gummy areas of skin
- ✓ Feverish
- ✓ Unusual behavior – cranky, less active than usual, cries more, looks unwell
- ✓ Frequent scratching of scalp or skin
- ✓ Gray or white bowel movement
- ✓ Unusually dark, tea-colored urine
- ✓ Sore throat or trouble swallowing
- ✓ Headache
- ✓ Vomiting
- ✓ Loss of appetite
- ✓ Diarrhea

WHEN A CHILD HAS SYMPTOMS

- ❖ Inform the doctor
- ❖ Isolate the child
- ❖ Check temperature if feverish
- ❖ Remind child to cover mouth when sneezing or coughing and to wash their hands
- ❖ If you wipe a nose, throw the tissue away and wash your hands
- ❖ Wash your hands if you touch a child who might be ill
- ❖ Occasionally ask each child's parent(s) whether everyone in the family is well. If a child's family member is sick, watch for signs of illness in the child



WHEN TO NOTIFY PARENTS AND CONTACT THE HEALTH DEPARTMENT ABOUT AN INFECTIOUS DISEASE

When one or more children attending a child care setting are diagnosed with any of the following diseases, parents and the local health department should be notified.

Amebiasis
HIV (AIDS)
Bacterial Meningitis
Impetigo
Campylobacteriosis
Measles
Chicken Pox
Mumps
Conjunctivitis (Pinkeye)
Pertussis (Whooping Cough)
Cryptosporidiosis
Polio
Diphtheria
Hepatitis B
E. coli O157:H7
Rubella
Fifth Disease
Respiratory Syncytial Virus (RSV)
Giardia
Ringworm
Hand Foot & Mouth
Salmonellosis
Head Lice
Scabies
Hepatitis A
Shigella
Hepatitis B
Tuberculosis
Streptococcal – Sore Throat
(Strep or Scarlet Fever)



It is essential to **notify the health department immediately** when a child in a child care setting has a serious infectious disease. The goal of the health department is to help the child care provider prevent the further spread of infectious disease.

The information sheets in this manual can be used to notify parents about infectious disease and answer most of their questions. **It might be helpful to copy the form on the next page**, fill in the

blanks, and include it with the information sheet when notifying parents about specific infectious disease.

If you have any questions, you may call:

Central District Health Department



Epidemiology Department

1-208-327-8625

Date: _____

Dear Parents:

A child in our child care center has _____.
We want you to know some important information about this infectious disease,
which is included on the attached information sheet.

**Central District Health Department
Epidemiology Department:
1-208-327-8625**

Date: _____

Dear Parents:

A child in our child care center has _____.
We want you to know some important information about this infectious disease,
which is included on the attached information sheet.

**Central District Health Department
Epidemiology Department:
1-208-327-8625**

Date: _____

Dear Parents:

A child in our child care center has _____.
We want you to know some important information about this infectious disease,
which is included on the attached information sheet.

**Central District Health Department
Epidemiology Department
1-208-327-8625**

IMMUNIZATIONS

IDAHO CODE, CHAPTER 11, SECTION 39-1118:

39-1118. IMMUNIZATION REQUIRED. (1) Within fourteen (14) days of a child's initial attendance at any licensed day care facility, the parent or guardian shall provide a statement to the operator of the day care facility, regarding the child's immunity to certain childhood diseases. This statement shall provide a certificate signed by a physician or a representative of a health district, that the child has received, or is in the process of receiving immunizations as specified by the Board of Health and Welfare; or can effectively demonstrate, through verification in a form approved by the Department of Health and Welfare, immunity gained through prior contraction of the disease.

Immunizations required and the manner and frequency of their administration shall be as prescribed by the State Board of Health and Welfare and shall conform to recognized standard medical practices in the state. The State Board of Health and Welfare shall promulgate appropriate rules and regulation for the enforcement of the required immunization program and specify reporting requirements of the day care center, pursuant to the provisions of Chapter 52, Title 67, Idaho code.

(2) Any minor child whose parent or guardian has submitted to officials of a licensed day care facility a certificate signed by a physician licensed by the State Board of Medicine stating the physical condition of the child is such that all or any of the required immunizations would endanger the life or health of the child shall be exempt from provision of this section. Any minor child whose parent or guardian has submitted a signed statement to officials of the day care facility stating their objections on religious or other grounds shall be exempt from the provisions of this section.



GUIDELINES FOR FOOD PREPARATION AND HANDLING

The following discussion regarding proper handling of food is not intended to replace the existing food regulation, but to give the child care center operator a brief insight into some of the criteria necessary to prevent a food-associated disease outbreak. It is the operator's responsibility to contact the health department to obtain the necessary permits prior to opening for business.

Improper preparation, handling, and storage of food have been associated with children becoming ill while attending child care centers. For this reason, child care center operators must be aware of acceptable methods of preparing, handling, and storing food items in order to reduce the possibility of having children become ill from improperly handled food.

FOOD SOURCE

Source of the food is one of the most important items to be considered in a food establishment. Only food from a health department approved source may be served. No home prepared foods, particularly home canned products, wild game, etc. may be served in licensed facilities. Food from non-inspected or unapproved sources may be the cause for creating a food borne disease outbreak. Raw milk or reconstituted powdered milk may not be served. If milk is served, it must be Grade A.

FOOD TEMPERATURE



Improper temperature of food is the single most important item causing food borne illness outbreaks. It is imperative to maintain proper temperatures of all foods in order to prevent the multiplication of bacteria. If a food is served hot, it must be held at a temperature of not less than 140° F. If food is served or stored cold, it must be kept at a temperature of less than 45° F. If a food is frozen, it must be thawed under refrigeration, as part of the cooking process, or under cold running water. Thawing food at room temperature is prohibited.

- A thermometer shall be provided in the refrigerator. Keep the temperature at 45° F or less.
- Once food has been served to an individual, it is not acceptable to re-serve any unused portion.

HYGIENIC INFECTION CONTROL PRACTICES



Good hygienic infection control practices are essential to any food operation in order to limit the spread of communicable disease. Good hygienic practices must include **washing hands** when they become soiled. Hand washing is extremely important after using the restroom or changing diapers.

- Individual single-service paper towels shall be provided in toilet room and kitchen.
- Persons with open infected wounds, coughs, colds, sore throats, or other upper respiratory infections shall be restricted from working in the food operation.
- No person shall handle children or prepare food if they have a communicable disease.
- Individually marked cups, paper cups, or a drinking fountain shall be provided for the children's drinking. If marked cups are used, they should be stored in such a fashion that children cannot handle cups other than their own.
- Water shall come from a health department approved source; drinking fountains must be an approved design.
- After smoking.

SANITIZATION OF MULTI-USE UTENSILS

All multi-use utensils should be **washed** with hot soapy water and **rinsed** in clear water, and **sanitized** by immersion in a water solution containing at least 50 ppm available chlorine or by bringing the surface temperature of the utensil to at least 160° F.

Three sinks shall be required to wash, rinse, and sanitize dishes. A home-based child care may use a two-compartment sink and a plastic tub containing 1 tablespoon of unscented (5% sodium hypochlorite) household bleach per gallon of water.

Home dishwashers with a sanitizing cycle are recommended in place of the sink.

Once utensils are clean, they must be stored in a manner that will prevent contamination by insects or rodents. Pots and pans should be nested on shelves upside down. All small utensils such as knives, forks, spoons, spatulas, etc. should be stored inside clean drawers in an orderly fashion.

Single service items such as paper plates and plastic utensils must be stored in such a manner to protect them from being contaminated. The reuse of single-service disposable utensils is unacceptable even if they have been subjected to the dishwashing process.

GARBAGE CONTAINERS



Garbage containers should be watertight. Garbage containers should be kept covered when not in use to prevent entrance of insects. Outside garbage containers should be stored a minimum of 50 feet from the building.

Outside garbage cans shall be durable and have tight fitting lids. Inside garbage cans shall not be accessible to children (toddlers to 2 ½ years).

FLOORS, CEILINGS, AND WALLS

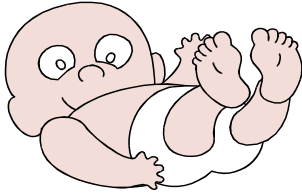
Floors, ceilings, and walls should be constructed of durable, smooth, easily cleanable, and light-colored materials. High-use surfaces (countertops and tables) can be kept cleaner and will not provide a place for bacteria or insects to feed if built of smooth, non-absorbent, durable material.

Bathrooms shall have no carpets around toilets or may have easy to clean throw rugs with non-slip backing

PESTICIDES, CLEANING COMPOUNDS, SOLVENTS

All toxic items, including cleaning compounds, pesticides, and solvents must be stored separately from food items, food preparation or food contact equipment. All toxic items must be kept in locked cupboards or stored out of reach of children.

The sewage disposal system must be working properly.



DIAPER CHANGING

Changing diapers in a sanitary way may be the most important thing child care operators can do to prevent the spread of infectious organisms present in the feces. The organisms causing diarrhea, hepatitis A, giardiasis, and other illness, if accidentally put in the mouth can cause illness.

OBJECTIVES

- Prevent spread of disease to staff, children, and their families.
- Give comfort to the child.
- Safely dispose of soiled diapers and clothing.
- Keep child safe during diapering.
- Keep food areas free of contamination – do not diaper in food areas.

IMPORTANT POINTS

- A paper towel or roll paper should be placed on the diapering surface.
- Keep your clothes clean; hold child away from you if diaper is soiled.
- Put soiled diaper in plastic bag.
- Put soiled clothing in plastic bag to be taken home.
- Wipe your hands with a towelette or damp paper towel.
- Diaper and dress the child.
- Wash the child's hands.
- Clean and disinfect the diapering area.
- Wash your hands, the last step in the procedure.
- Turn off the faucet with a paper towel.

EQUIPMENT

1. **Changing Surface** Keep the changing surface out of the reach of the children, preferably 36 inches (3 feet) above floor. Cover it with a smooth, moisture-resistant, easy to clean material. A plastic laminate (*Formica*) surface is good.
2. **Hand Wash Sink and Towels** The sink must have hot and cold running water mixed through one faucet. Hot water must not be hotter than 120° F. Faucet controls are best if foot, knee, or wrist operated. Ideally the sink is adjacent to the changing area. Soap and paper towels must be used.

3. **Diapers.** Cloth diapers require more handling than paper disposable diapers. When cloth diapers are used, carefully store clean ones away from dirty ones. It is better to place cloth diapers in a plastic bag for the parent to rinse out in the toilet at home.
4. **Skin Care Items.** Keep changing supplies away from the child. Use cloths and towels only once before laundering or discarding.
5. **Waste Container.** Use a tightly covered container with a foot operated lid. Line the container with a disposable trash bag. Keep away from children. Replace the liner daily.
6. **Cleaning Supplies.** KEEP OUT OF REACH OF CHILDREN Use moistened paper towels or towelettes. Label spray bottles with contents. Sanitizing chemical recommended $\frac{3}{4}$ teaspoon household bleach diluted in 1 quart water. For larger quantities: $1\frac{1}{2}$ teaspoon with 2 quarts of water; 1 tablespoons per gallon.



DISINFECTION PROCEDURES

Germs can be found naturally on every surface and person in the child care facility. Since some germs can cause illness, disinfection is necessary to kill any harmful germs on toys, sleeping areas, blankets, eating utensils, clothing, diaper changing areas, food preparation counters, and other surfaces.

Body fluids such as blood, urine, feces, saliva, vomit, and pus can carry germs which cause disease. Proper cleaning and disinfection of surfaces in the facility help protect employees and children from these diseases.

PROTECTION FOR YOURSELF:

1. If you can, wear an apron to protect your clothes. Wear easy-to-wash clothes. Soiled clothing, towels, bedding, diapers, etc. must be kept out of reach of children.
2. Use gloves when cleaning or when coming into contact with body fluids.
3. Wash your hands after changing a diaper, coming into contact with body fluids, or handling soiled laundry.

INSTRUCTIONS:

Use disinfectants according to label instructions. Too weak a solution is ineffective; too concentrated a mixture can be dangerous, corrosive, and wastes money.

Household Bleach:

½ cup per gallon of water for most surfaces (door handles, faucets).

1 cup per 10 cups water for blood spill (equal to 3 oz. or 6 TBSP per quart of water).

1 TBSP of bleach per gallon of water for toys, crib rails, eating utensils, food preparation surfaces (countertops, cutting boards).

LAUNDRY

Wash with soap and water; presoak heavily soiled clothing. Wash clothing or other materials heavily soiled with body fluids separately from other items. If the items are not bleachable, add non-chlorinated bleach to the wash cycle. Wash your hands after handling soiled laundry.

HARD-SURFACED FLOORS, WALLS, COUNTERS

Wear gloves to wipe or blot up spills as much as possible. Wipe or mop the area with a germicidal detergent or bleach solution.

**MOPS, GLOVES,
BRUSHES,
SPONGES,
CLEANING
CLOTHS**

Must be disinfected after use. Rinse and store out of reach of children.

CARPETS, RUGS

Use a sanitary absorbent powder, let dry and vacuum. These powders can be obtained at janitorial supply houses. OR: Wear gloves and blot up as much of the spill as possible. Use a brush and germicidal rug shampoo.

**TOILET, POTTY
CHAIR**

Wear gloves. Pour out the contents of potty-chair down the toilet. Scrub out the chair and/or toilet with disinfecting cleaner and let air dry.

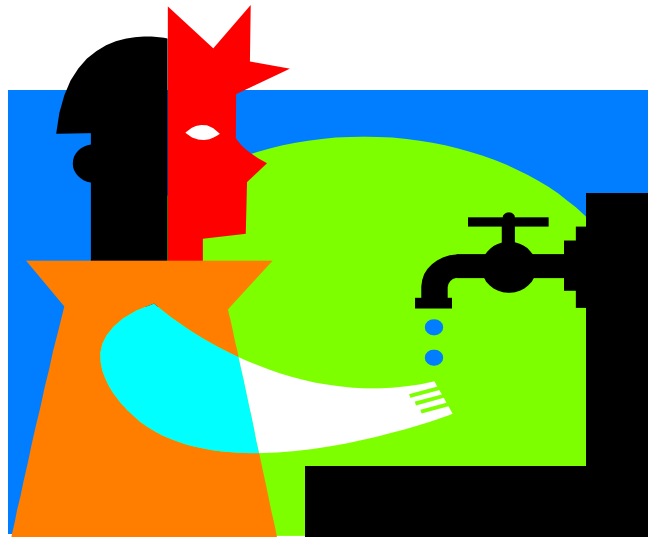
**GLASSES
DISHES,
EATING
UTENSILS,
DRINKING**

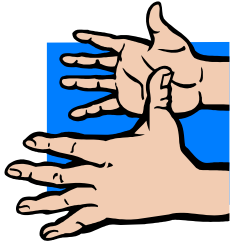
Wash in warm, soapy water. Rinse in clean water. Rinse in disinfecting solution. Air dry. Unscented household bleach is readily available and easy to use as a disinfectant.



THE STOP DISEASE METHOD OF HAND WASHING

1. Wet hands in warm water.
2. Apply soap under nails and between finger joints.
3. Rub hands together briskly for at least 30 seconds.
 - Palms*
 - Back of hands*
 - Interlace fingers*
 - Fingernails, fingertips*
4. Using a circular motion wash up the arm, at least three inches above the wrist.
5. Rinse well under running water.
1. Dry thoroughly with paper towels.
7. Turn off faucets with paper towels.





HANDWASHING

The best way to reduce disease risk in your center is to see that staff and children follow recommended hand washing procedures.

HOW

Staff should use this method to make sure their hands are free of germs:

- Use soap and running water.
- Rub your hands vigorously as you wash them.
- Wash all surfaces, including:
 - ❖ Back of hands
 - ❖ Wrists
 - ❖ Between fingers
 - ❖ Under fingernails
- Rinse your hands well, leave the water running.
- Dry your hands with a single use towel.
- Turn off the water using a paper towel instead of bare hands.

WHEN

Caregivers should wash their hands:

- When they come to the center in the morning.
- Before preparing or serving food.
- After diapering a child, wiping a child's nose, or cleaning up messes.
- After they've been to the bathroom either with a child or by themselves.
- After handling pets.
- After smoking.

BE SURE THE CHILDREN'S HANDS ARE WASHED TOO

ESPECIALLY:

- When they arrive at the center.
- Before they eat or drink.
- After they use the toilet or have their diapers changed.
- After they've touched a child that may be sick.



PETS

Pets can be a source of disease germs to humans. They can also become serious nuisances from bites, scratches, noise and general sanitation problems. Proper control of pets in your child care is important for the overall health and safety of the children. Hands should always be washed after children have contact with the pet, pet food, pet cages, or pet toys. Diarrhea (calf scours and guinea pig wet bottom) in young animals usually indicates a sick animal, which must be isolated from children.

DOGS

Dogs can be sources of disease germs, parasites, and bites. For these reasons, dogs should not be allowed where there is a congregation of people, especially children. Dogs should be excluded from all areas that the children use. Dog urine and droppings can infect play areas and food even when dogs are not present.

CATS

Cats can also be sources of germs, parasites, and bites. Like dogs, cats should not be allowed to use the common areas of the child care setting. This includes playgrounds, food areas, all rooms and play areas.

TURTLES, REPTILES

Turtles and tortoises are sources of a germ called *Salmonella*. This germ can make people very sick. The sale of pet turtles smaller than 6" is illegal. They should not be kept at your child care center.

Snakes, lizards and iguanas: See page for information on *Transmission of Salmonella From Reptiles to Humans*

BIRDS

Birds in the parrot family such as macaws, turkeys, parrots, cockatoos, and parakeets also require strict control to prevent the spread of germs which these birds can carry. They are not recommended as pets in a child care center.

FISH

Fish may be kept as pets in child care centers, but should be kept away from food areas and should not be of the variety, which may bite or is poisonous.

**HAMSTERS,
GERBILS,
GUINEA
PIGS, RATS,
RABBITS**

Hamsters, gerbils, and guinea pigs may be kept as pets in a child care center if precautions are taken to minimize problems. They should be kept away from all areas where food and drink are prepared or consumed and should not be accessible to children under 4 years of age. Cages should be built so that the litter can easily be cleaned. The cage grating must be small enough that children cannot put their fingers into the cage. Common sense should be used in keeping cages clean and also in preventing access to children who put their hands in their mouth.

**FERRETS,
BATS, WILD
ANIMALS,
SNAKES**

It is strongly recommended that facilities not keep or bring in ferrets, or any wild or dangerous animals.

Bats in Idaho are a source of deadly rabies. **Do not touch any bat.** Use heavy leather gloves or tools if you must move a bat. If a bat is found on the ground, cover it with a box, keep children away and contact animal control.

ADA COUNTY ANIMAL CONTROL: 343-3166



RECOMMENDATIONS FOR PREVENTING THE TRANSMISSION OF *SALMONELLA* FROM REPTILES TO HUMANS

- ❖ Pet store owners, veterinarians, and pediatricians should provide information to owners and potential purchasers of reptiles about the risk for acquiring salmonellosis from reptiles.
- ❖ Persons should always wash their hands thoroughly with soap and water after handling reptiles or reptile cages.
- ❖ Persons at increased risk for infection or serious complications of salmonellosis (e.g. children aged less than 5 years and immunocompromised persons) should avoid contact with reptiles.
- ❖ Pet reptiles should be kept out of households where children less than 5 years or immunocompromised persons live. Families expecting a new child should remove the pet reptile from the home before the infant arrives.
- ❖ Pet reptiles should not be allowed to roam freely throughout the home or living area.
- ❖ Pet reptiles should be kept out of kitchens and other food-preparation areas to prevent contamination. Kitchen sinks should not be used to bathe reptiles or to wash their dishes, cages, or aquariums. If bathtubs are used for these purposes, they should be cleaned thoroughly and disinfected with bleach.
- ❖ ***Pet reptiles should not be kept in child care centers.***



RESOURCE & REFERRAL FIELD OFFICES

CENTRAL DISTRICT HEALTH DEPT.

Boise: 327-8625
707 N Armstong Place
Boise ID 83704

Mc Call 634-7194
703 North 1st Street
Mc Call ID 83638

Mountain Home 587-9225
198 South 4th St East
Mountain Home ID 83647

IDAHO STARS

Idaho State Training and Registry System

To Access

Call Idaho Careline
Dial 2-1-1
Ask for Resource & Referral information for your specific
region.
Region IV – Ada, Boise, Elmore, and Valley Counties

IDAHO STARS HAS THREE PARTS:

Part I: For child care providers and their enrollment in
the Idaho Child Care Program (ICCP).

Part II Resource and referral for parents seeking child
care information.

Part III Opportunities for training and professional
development for child care providers.

LOCAL RESOURCE & REFERRAL AGENCY REGION IV

Success By Six: Dial 2-1-1 and ask for Success By Six in
Boise
Address: 1276 w. River Drive, Boise ID 83702

CHILD CARE GUIDELINES

December, 1992 (rev 06/03)

This information is provided to give the operator a guideline to what **Central District Health Department** (CDHD) requires. It is not an all-inclusive document. The item numbers correspond to the Inspection Report.

ITEM #1

Age & Health of Provider

Providers must be 18 years old or older. Persons 16 or 17 may provide care if directly supervised by a provider. A caregiver must not work when ill as per *Rules and Regulations Governing Idaho Reportable Diseases* May 1, 2000.

ITEM #2

CPR/First Aid Training

Must have at least **ONE** adult on premises at all times who has a current certification in pediatric rescue breathing and first aid treatment from a certified instructor.

ITEM #3

Staff/Children Excluded When Ill

Provide a written procedure that outlines what will be done if a child becomes ill while in your care. This procedure must address:

- a. Keep the child separated from the rest of the children to prevent spreading disease.
- b. The care provided for the child.
- c. Notification of parent or guardian.

A caregiver must not work when ill as per *Rules and Regulations Governing Idaho Reportable Diseases*.

ITEM #4

Immunization Records

Idaho Code 39-1118 requires that each child's immunization record or reason for exemption is provided to the operator within fourteen (14) days of initial attendance. Provide information about immunizations to parents if asked.

ITEM #5

Emergency Communication

A functional telephone is required.

ITEM #6

Smoke Detectors, Fire Extinguishers, Fire Exits

Adequate smoke alarms, functional telephone, fires extinguishers and exits are required. Centers, Group, and Family Day Cares must be certified by the Fire Marshal.

- **Fire Extinguisher** - A minimum of one fire extinguisher (type 2-A:10-BC) or (3-A:10-BC) for in-home child care.
- **Smoke Detector** - one for each sleeping area, hall- way, and on each floor level. Each one must have a test button. One should be wired to an electrical current.
- **Emergency Exits** - Adequate emergency exits are determined by the local Fire Marshal.
- **Centers must meet staff-child ratios:**
 - 1:6 for less than 18 months old.
 - 1:12 for 18 months to 5 years old.
 - 1:18 for over 5 years old.

ITEM #7

Food Source/ Food Thawing

- **Pasteurized milk only.**
- No home canned foods, except jams or jellies.
- No wild game, USDA approved meat only.
- Do not thaw foods at room temperature.
- Thawing Options:
 - In refrigerator (best option).
 - In cold running water.
 - As part of cooking process.
 - In microwave, then immediately complete Cooking.

ITEM #8

Food Handling/ Personal Hygiene

- Food preparation includes cooking meat to proper temperatures, avoiding cross-contamination, minimizing bare hand contact, proper hand washing.
- Clean clothes or apron during food prep, no smoking.
- Unwrapped foods may not be re-served once plate is on the table.
- Minimize direct hand contact with food.
- Use serving utensils or gloves whenever possible to prevent hand contact with ready to eat foods.

Wash Hands Often:

- before touching or preparing food
- after wiping nose
- after coughing into your hand
- after smoking
- after changing each diaper
- after using the toilet

ITEM #9**Food Contact Surfaces/
Sanitizing**

Food contact surfaces must be kept clean (counters, tables, high chairs, cutting boards) and sanitized with a solution of chlorine 50-200 ppm or quaternary ammonium chloride 200 ppm.

SANITIZING SOLUTION MIXTURE

MIX: 1 tablespoon bleach in each gallon of warm water. Use unscented liquid bleach, such as Clorox, Purex, etc. Note: Mix 3/4 teaspoon to 1 quart of water.

OTHER SANITIZING CHEMICALS

Allowed ONLY if the label states it is suitable for dishes and label directions are given.

Cutting boards, knives, counters, pots and pans, plates, cups, forks, and spoons must be clean and sanitized, in good repair, smooth, easy to clean.

Refrigerators, cabinet shelves, sinks, dish machines, utensil handles, must be clean, in good repair, smooth and easy to clean.

Wiping cloths, dish cloths used for tables, counters, high chairs, etc. are rinsed in a sanitizing solution before and after use.

An option is to use a spray bottle of sanitizing solution to wet the wiped object.

Spray Bottles: Two (2) recommended:

One for the kitchen and one for the bathroom/diaper changing areas. Label the bottles as to contents and intended area of use.

Renew bleach spray bottle contents weekly.

ITEM #10
Dishwashing/Sanitizing

Dishes, glasses, utensils and silverware shall be washed either in a dishwasher with a sanitizing dry cycle, or by the four-step method. Use one of the Health District approved dishwashing methods.

A. Washing in sinks or washbasins (4-step method).

It is best if a separate sink or basin is used for each step #2, #3, #4.

- 1) Rinse or scrape food off the item to be washed.
- 2) **Wash** the item in hot soapy water.
- 3) **Rinse** the soap off with clear hot water.
- 4) **Sanitize** the item by soaking in a solution of regular unscented liquid bleach and warm water. Soak at least 10 seconds. See item #12 for correct mixture.
- 5) **Air dry** the item on a drain rack.

B. An automatic dish machine may be used.

- 1) A home-style dishwasher that has a heat drying or *sani-cycle* is acceptable. The items must be run through the complete washing cycle.
- 2) Larger child care facilities should consider a commercial dishwasher with a sanitizing rinse. These units have a much faster cycle allowing dishes to be reused in minutes.

ITEM #11
Utensil Storage

Protect clean utensils, glasses, dishes, pots and pans, from contamination.

Do not store under sinks or on the floor. Utensil trays and cabinets must be clean. Face utensil handles in one direction.

Drawers holding sharp utensils (knives) should be secured with child-proof latches.

ITEM #12
**Food Temperatures/
Thermometers**

Refrigerator must be equipped with an accurate thermometer, metal or plastic shielded.

Refrigerator colder than 45° F (38-40° F preferred). Foods must cool rapidly (within 4 hours) to below 45° F.

Eggs must be refrigerated.

Perishable cold foods must be stored at 45° F or less.

Hot food must be cooked (or reheated) to 165° F before serving.

After cooking, hot foods must be kept at 140° F.

Item #13
**Food Storage/
Cross Contamination**

Cooked foods are stored above raw foods.
Keep food stored off the floor and protected from dust, flies, pets, water, and chemicals. Do not store under plumbing pipes.
Food stored in refrigerators has to be covered to prevent cross-contamination. See Item #12.

ITEM #14
**Medicines/Hazardous
Substances**

STORE ALL CHEMICALS AND MEDICINES
- OUT OF REACH OF CHILDREN
- OR IN LOCKED CABINET.

A. CHEMICAL/TOXIC/POISONS STORAGE

Bleach, cleaners, disinfectants, plant fertilizers, insect sprays, paint thinners, or other chemicals must be stored away from foods and utensils.

B. MEDICINE STORAGE

- 1) Store medicines out of reach of children.
- 2) Refrigerated medicines: Place in a container with a lid or in a ziploc bag. Mark container **MEDICINES**.
- 3) Medicines and vitamins in the kitchen must be in a container marked **MEDICINES**.

Cleaning materials, detergents, aerosol cans, pesticides, health and beauty aids, poisons, and other toxic materials shall be stored in their original labeled containers and shall be used according to the manufacturer's instructions and for the intended purpose. They shall be used only in a manner that will not constitute a hazard to the children. When not in actual use, such materials shall be kept in a place inaccessible to children and separate from stored medications and food.

All arts and crafts materials used in the facility shall be non-toxic. There shall be no eating or drinking by children or staff during use of such materials.
Poisonous or potentially harmful plants on the premises shall be inaccessible to children.

ITEM #15
**Garbage Covered/
Removed**

Garbage and disposable diapers must be in covered containers or closed garbage bags. They should be taken to outside containers daily for weekly removal. Use plastic liners in all trash receptacles. Garbage/trash needs to be stored where it is inaccessible to children and cannot attract vermin.

ITEM #16
**Plumbing/ Sewage
Disposal**

Water supply pipes, faucets, or hoses below a sink rim, or in a drain or sewer may create a *cross-connection* between drinking water and dirty water.

- A. The toilet ballcock (water flow control valve) must be on inch above the overflow pipe in the toilet tank.
- B. Proper backflow prevention must be present for things such as:
 - 1) a hose attached to a sink faucet
 - 2) a hose filling a wading pool
 - 4) an underground landscape/lawn sprinkler system
 - 4) a water softener drain line

Plumbing must be in good condition and comply with local plumbing code.

DISHWASHER drain hose must be fastened to touch the underside of the counter top. A dishwasher air gap device is preferred (required in commercial centers) to prevent backflow of sewage in the dishwasher.

Sewage must be properly disposed with no overflows or surfacing to cause food contamination.

ITEM #17
**Water Supply/
Well Sample**

The water must be from a Health District approved source and be free of contamination.

PRIVATE WELLS: CONTACT HEALTH DISTRICT
Our office will collect a sample of the water and inspect the visible portion of the well. Thereafter if there are more than 24 persons in the facility it is your responsibility to submit quarterly water samples to a private laboratory. If there are less than 24 persons in the facility then it must be a yearly sample.
A copy of each lab report will be sent to the Health District.

ITEM #18

Hand Washing Facilities

- A hand sink needs to be close to the diaper changing area.
- A separate kitchen hand sink may be required in larger child care facilities for hand washing prior to preparing foods.
- The kitchen sink is not to be used for hand washing after changing diapers.
- A hand sink must be provided where care givers and children can wash their hands after using the restroom, before eating, and at other times as needed.
- The sink(s) used for hand washing must have hot and cold running water through a mixing faucet. Soap and paper towels must be present. (Soft or liquid soap is recommended in lieu of bar soap).

ITEM #19

Diaper Changing

- The changing area cannot be in the kitchen or on counters or tables used for food preparation or dining.
- A smooth non-absorbent diaper changing surface is required.
- Plastic/vinyl mats or pads are acceptable if you use the smooth side.
- Dirty diapers and soiled clothing must be stored to prevent access by children.
- The employee is to sanitize the diaper changing surface after each diaper change.
- The employee is to wash his/her hands between each diaper change.
- The child's hands should also be washed.
- Disposable/cloth diapers:
 - There are no rules requiring a particular type of diaper.
 - The Health District recommends disposable diapers to lessen contamination of surfaces and hands. They may be required to control an illness outbreak.
- Disposable gloves are recommended.

ITEM #20
Sleep, Play, &
Restrooms Clean

Sleeping cots, blankets and mats are kept clean and sanitized regularly. Recommendations:

- Assign one set of bedding per child and keep bedding separated during storage by folding before stacking or placing in a plastic bag.
- Do not store bedding directly on the floor.
- Keep play areas clean.
- Vacuum carpet daily.
- Toys, tables, and chairs should be washable and sanitized frequently.
- Equipment, materials, and furnishings shall be sturdy and free of sharp points/corners, splinters, protruding nails and bolts, hazardous small parts or lead based paint or poisonous materials.

TOILET ROOM:

Restroom(s) clean and ventilated. Carpet should not be immediately next to the toilet or urinal.

Toilet training seats/potties are to be kept clean and should be sanitized after each use. **Do not** wash in dishwasher or dishwashing sinks.



GUIDELINES FOR TOY SAFETY

Toys should be a source of fun and learning for children. Too often, toys with poor design, toys that are old, used incorrectly, or toys in bad repair can lead to serious, even fatal injuries. A major area of consideration for all toys is the durability and safety of the toys. Toys should be constructed to withstand the uses and abuses of children in the age range for which the toy is appropriate.

Safe Toys For Young Children Should Be:

- Well-made (no sharp points or splinters).
- Painted with non-toxic, lead free paint.
- Shatter proof.
- Easily cleaned.
- Durable.
- Not porous.
- Not electric or battery operated.
- Checked frequently for safety.
- Devoid of button eyes or small parts that can come off.
- Kept out of reach of very young or inappropriate age groups.
- Nonflammable.

CHECK YOUR TOYS FOR THESE HAZARDS!

- Airborne toys.
- Sharp points, jagged edges, rough surfaces.
- Nuts, bolts, and clamps that are loose.
- Sharp spikes or pins that have become exposed when your child pulled the toy apart.
- Squawker or other noisemakers that are not securely attached to the toy and that could be removed or swallowed.

- Battery toys with frayed or loose wires. Any electrical wiring should be labeled "UL Approved".
- Small detachable parts that could be swallowed or stuck in the throat, nose or ears.

For children under three years of age, a small part should be at least 1¼ inches in diameter and 2¼ inches long. Any part smaller than this is a potential health hazard. If it fits in a 35mm film canister, its too small for a three year old.

WHAT A CHILD CARE PROVIDER CAN DO

- Look and read age and safety labels on toys.
- Explain and/or show the child how to use toys properly and safely.
- Keep toys intended for older children away from younger children who can be injured.
- Check all toys periodically for breakage and potential hazards – damaged or dangerous toys should be repaired or thrown away immediately.
- Store toys safely – teach children to put toys away so they are not tripping hazards, and check shelves for safety. Toy boxes are not recommended due to suffocation and falling lids.



OUTDOOR SAFETY

TODDLERS AND TWO'S:

Have a separate play area for younger preschoolers featuring equipment for their size and needs.

Climbers and climbing toys should be low to the ground.

Swings should be low and have special toddler seats that support the child's whole body.

Slides should have high sides and should not be steep. Steps should be wide and low. There should be large platforms at the tops of the steps so there is room to sit down and turn around. Metal slides should face north or be shaded from the sun.

Wood chips (shredded bark) or pea gravel cushioning surfaces offer too many tempting objects to taste. A commercially produced cushioning surface or 9-12 inches of sand is more appropriate for this age group.

THREES, FOURS, AND FIVES:

Children can resort to dangerous acts out of boredom. They need well designed, interesting equipment that offers a varied physical workout: jumping, swinging, climbing, balancing, crawling through tunnels, etc.



PLAYING IT SAFE IN THE SUN

Children should always wear sunscreen with a minimum of SPF factor of 15.

Stay out of the sun during the time when UV levels are higher, generally between 10:00 am and 2:00 pm. Wear sunglasses to protect eyes from UV rays.

Use hats, umbrellas and other means of shading from the sun.

Avoid water activities during the hot part of the day, as water reflects the sun's light and increases the chance of sunburn.



OUTDOOR SAFETY CHECKLIST

Date: _____

| INSTRUCTIONS: Check the entire playground at least once a month. Do not use unsafe equipment until repaired. | O.K. | Repair Needed | Damage Repaired |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------|----------------------------|
| 1. A fence (minimum 5 feet high) protects children from potentially hazardous areas (e.g. streets, water). There must be two exits and gates that can be secured. | | | |
| 2. The area is free of electrical hazards (e.g. unfenced air conditioners switchboxes, and power lines). | | | |
| 3. The area is free of debris (e.g. broken glass, rocks, garbage). | | | |
| 4. There are no poisonous substances such as poisonous plants, poisonous berries, mushrooms, animal feces. | | | |
| 5. The sandbox or sand play area is covered when not in use. | | | |
| 6. A sprinkler or hose is used for water play (to prevent drowning, diseases passed through water). | | | |
| 7. 9-12 inches of non-compacted sand, pea gravel, shredded wood, or equivalent material is in place under and around all climbing and moving equipment. | | | |
| 8. Play equipment is placed at least 6 feet away from buildings, fences, trees, other playground equipment. | | | |
| 9. Large equipment is secured in the ground. Legs are anchored with concrete at least 6 inches below the surface. If pegs are used, they are driven well into the ground. | | | |
| 10. The equipment is sized to the age group served, with climbing heights limited to reaching height of children standing erect. | | | |
| 11. There are no openings that can entrap a child's head (approximately 4-8 inches). | | | |
| 12. Swing seats are sling type and constructed of soft lightweight material. | | | |
| 13. Moving parts are free of defects (no pinch, shearing, or crush points). | | | |
| 14. Equipment is free of sharp edges, protruding elements, broken parts, and toxic substances. | | | |
| 15. There are no frayed, open hooks or chains that could pinch. | | | |
| 16. All bolts or screws on play equipment are tight and recessed or smoothly rounded; if protruding, cover with plastic safety caps. | | | |
| 17. The adult to child supervision ratio is observed during outdoor play. | | | |

References:

American Academy of Pediatrics, SKIPP Injury Prevention Program, [Safety Tips For Home Playground Equipment](#)
 Frost, J., [Playground Maintenance Checklist](#)
 Mass. Dept. of Public Health, [Family Day Care Health and Safety Checklist](#), Work/Family directions Development Corp, Boston MA
 Mille, K., [More Things To Do With Toddlers and Twos](#)
[Safety Checklist for Young Children](#), *Journal of NAEYC*, July, 1988:21



PLANTS THAT POISON

Poisonous plants, household cleaners, and medicine are the three most common causes of accidental poisoning in children under 5 years old.

This chart shows the **most commonly** found poisonous plants in the Midwestern area of the United States.

This is not a complete list.

All plants listed as **deadly** in bold type are very poisonous and may cause death if eaten.

Many mushrooms can be deadly. It is often hard to know which mushrooms are safe to eat, so it is best to **not eat** any wild mushrooms.

Two other poisonous plants not pictured in the chart are **Holly berries** and **Mistletoe berries**. This chart does not include poisonous seeds or plants causing skin rashes, such as Poison Ivy.

Call your doctor or Poison Control Center at once if you think your child has eaten any of these poisonous plants.

How To Prevent Plant Poisoning:

1. Teach your children never to put plants, plant parts, berries, or mushrooms in their mouths.
2. Know the names of your house and garden plants, and which ones are poisonous.
3. Put poisonous houseplants, bulbs, and seeds up high where children cannot reach them.
4. Do not think a plant is not poisonous because birds and other animals eat them.
5. Cooking plants does not always destroy poisons in the plant.
6. **Call your doctor or Poison Control Center** if a child eats anything poisonous. Always have a bottle of **Syrup of IPECAC** at home.
7. Keep a sample of the plant.

Children are often attracted to the colorful berries, flowers, fruits, and leaves of plants, but more than 700 typical plants in the United States and Canada have been identified as poisonous. Most of these poisonings can be prevented. If eaten, some plant parts can cause a skin rash or upset stomach; others can even cause death.

CHILDREN HAVE DIED FROM EATING THESE PLANTS.

- Keep all plants away from small children.
- Teach children never to eat unknown plants.
- If you think a child may have eaten part of a poisonous plant, remove any remaining pieces of the plant from child's mouth. Bring a piece of the plant to the phone.
- Phone Poison Control Center before treating a child who has eaten a plant. Follow their directions.
- Keep an un-expired bottle of Syrup of IPECAC in a locked place if your policy allows. Use it only if the Poison Control Center tells you to make a child vomit.

PESTICIDES AND FERTILIZERS





















Fertilizers and pesticides used for gardens and lawns are toxic. They can remain active for several days. Contact with them can cause rashes, asthma attacks, headaches, or nausea.

Children take in the toxins by breathing the vapors, by absorbing them through their skin, or by eating something that has been contaminated.





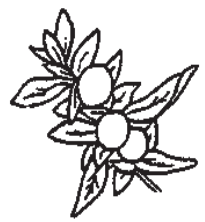















After an application, keep children off the grass and out of the bushes for about three days. (Some residues still remain).

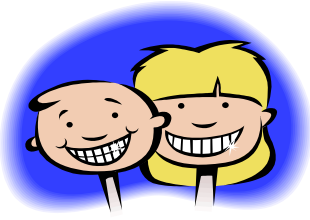


PLANTS THAT POISON

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>English Ivy <i>Toxic Parts:</i> Leaves, berries. <i>Symptoms:</i> Upset stomach, trouble breathing, unconsciousness.</p> |  <p>Daffodil (<i>Hyacinth, Narcissus, Amaryllis, Crocus</i>) <i>Toxic Parts:</i> All, esp. bulbs. <i>Symptoms:</i> Deadly. Upset stomach, diarrhea, jittery, convulsions.</p> |  <p>Oleander <i>Toxic Parts:</i> Leaves, branches, flowers. <i>Symptoms:</i> Deadly. Heart trouble, upset stomach, unconsciousness.</p> |  <p>Caladium <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Burning of mouth & tongue, Deadly if tongue swells blocking air to throat</p> |  <p>Calla Lily <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Burning of mouth & tongue, Deadly if tongue swells blocking air to throat</p> |
|  <p>Larkspur <i>Toxic Parts:</i> Young plant, seeds. <i>Symptoms:</i> Deadly. Upset stomach, dizziness, depression</p> |  <p>Monkshood <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Dangerous. Upset stomach, jittery, heart trouble, trouble breathing.</p> |  <p>Autumn Crocus <i>Toxic Parts:</i> Bulbs, flowers, leaves. <i>Symptoms:</i> Deadly. Vomiting, jittery, burning of mouth, upset stomach.</p> |  <p>Star-of-Bethlehem <i>Toxic Parts:</i> Bulbs, leaves. <i>Symptoms:</i> Vomiting, jittery.</p> |  <p>Lily-of-the-Valley <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Upset stomach, affects heart.</p> |
|  <p>Boxwood <i>Toxic Parts:</i> Leaves, twigs. <i>Symptoms:</i> Deadly. Upset stomach, vomiting, diarrhea, trouble breathing</p> |  <p>Daphne <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Deadly. Even a few berries can cause diarrhea, convulsions & death.</p> |  <p>Wisteria <i>Toxic Parts:</i> Seeds, pods. <i>Symptoms:</i> Deadly, common poison, upset stomach, collapse, trouble breathing.</p> |  <p>Golden Chain <i>Toxic Parts:</i> Flowers, bean-like capsules with seeds. <i>Symptoms:</i> Deadly. Jittery, upset stomach, convulsions, unconsciousness.</p> |  <p>Azaleas <i>(Rhododendron, Laurels)</i> <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Deadly, Vomiting, trouble breathing, convulsions & heart trouble</p> |
|  <p>Black Locust <i>Toxic Parts:</i> Bark, seeds, leaves. <i>Symptoms:</i> Upset stomach & weakness</p> |  <p>Horsechestnut <i>Toxic Parts:</i> Flowers, seeds, sprouts, leaves. <i>Symptoms:</i> Deadly. Upset stomach, weakness, changing moods.</p> |  <p>Jack-in-the-Pulpit <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Burning of mouth and tongue.</p> |  <p>Moonseed <i>Toxic Parts:</i> Berries. <i>Symptoms:</i> Looks like wild grapes but berry has only 1 seed. Upset stomach.</p> |  <p>Water Hemlock <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Deadly. Violent convulsions, upset stomach, weakness, cold hands & feet.</p> |

PLANTS THAT POISON

| | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|  <p>Dieffenbachia <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Burning of mouth & tongue. Deadly if tongue swells blocking air to throat.</p> |  <p>Philodendron <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Burning of mouth & tongue. Deadly if tongue swells blocking air to throat.</p> |  <p>Castor Bean <i>Toxic Parts:</i> Seeds. <i>Symptoms:</i> Deadly. Burning mouth & throat, dizziness, upset stomach, convulsions, commonly made into necklaces.</p> |  <p>Rosary Pea <i>Toxic Parts:</i> Seeds. <i>Symptoms:</i> Deadly. Burning mouth & throat, dizziness, upset stomach, convulsions, commonly made into necklaces.</p> |  <p>Jerusalem Cherry <i>Toxic Parts:</i> Leaves, green fruit. <i>Symptoms:</i> Deadly. Upset stomach, jittery, unconsciousness.</p> |
|  <p>Iris <i>Toxic Parts:</i> Bulbs, leaves. <i>Symptoms:</i> Upset stomach</p> |  <p>Foxglove <i>Toxic Parts:</i> Leaves, seeds, flowers. <i>Symptoms:</i> Deadly. Affects heart, upset stomach, mental confusion, convulsions</p> |  <p>Dutchman's Breeches <i>(Bleeding Heart)</i> <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Trembling, staggering, convulsions, trouble breathing.</p> |  <p>Tansy <i>Toxic Parts:</i> Leaves, flowers. <i>Symptoms:</i> Upset stomach, numbness</p> |  <p>Rhubarb <i>Toxic Parts:</i> Leaf blade. <i>Symptoms:</i> Deadly. Raw or cooked leaves cause upset stomach, convulsions & unconsciousness.</p> |
|  <p>Jessamine <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Deadly. Upset stomach, jittery, weakness.</p> |  <p>Lantana camara <i>(Red Sage, Wild Sage)</i> <i>Toxic Parts:</i> Green berries. <i>Symptoms:</i> Deadly. Weakness, upset stomach, staggering</p> |  <p>Yew <i>Toxic Parts:</i> Leaves, stems, seeds. <i>Symptoms:</i> Deadly. Upset stomach, diarrhea, convulsions, sudden death</p> |  <p>Chokecherry <i>(Wild & Cultivated Cherries)</i> <i>Toxic Parts:</i> Twigs, foliage. <i>Symptoms:</i> Deadly. Gasping, jittery, collapse, sudden death.</p> |  <p>Elderberry <i>Toxic Parts:</i> Roots, leaves, stems. <i>Symptoms:</i> Upset stomach</p> |
|  <p>Buttercups <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Burns skin & stomach.</p> |  <p>Deadly Nightshade <i>(All nightshades)</i> <i>Toxic Parts:</i> All, unripe berry. <i>Symptoms:</i> Deadly. Upset stomach, jittery, weakness.</p> |  <p>Poison Hemlock <i>Toxic Parts:</i> All, esp. roots. <i>Symptoms:</i> Deadly. Upset stomach, jittery, mental confusion, convulsions, sudden death</p> |  <p>Jimson Weed <i>(Thornapple)</i> <i>Toxic Parts:</i> All parts. <i>Symptoms:</i> Deadly. Thirsty, dizzy, mental confusion, convulsions, unconsciousness.</p> |  <p>Pokeweed <i>Toxic Parts:</i> All, esp. roots. <i>Symptoms:</i> Deadly. Burning of mouth, upset stomach, trouble breathing, weakness, convulsions.</p> |



DENTAL EMERGENCIES

FIRST AID PROCEDURES

What would you do if a child broke a tooth? What should you do? Caregivers and teachers are sometimes faced with dental emergencies ranging from toothaches to broken teeth to canker sores. Following is a guideline to basic dental first aid procedures to follow until a dentist can be consulted.

KNOCKED OUT TOOTH

If a tooth is knocked out, find it, and place it in cold whole milk or water. Take the child and the tooth to the dentist **immediately**. **DO NOT CLEAN THE TOOTH.**

BROKEN OR DISPLACED TOOTH

Clean injured area with warm water. If injured area begins to swell, apply cold packs to outside of face. Take child to the dentist **immediately**.

BITTEN TONGUE OR LIP

If bleeding occurs, apply pressure with clean cloth. If injured area begins to swell, apply cold packs. If bleeding does not stop or if bite is severe, take child to hospital emergency room.

OBJECTS WEDGED BETWEEN TEETH

Carefully remove object from between teeth with dental floss, if unable to remove, see a dentist. **DO NOT** remove a sharp object – see dentist immediately.

POSSIBLE JAW FRACTURE

If jaw is broken or thought to be broken, do not move jaw. Wrap jaw with scarf, handkerchief, towel, etc. to immobilize the jaw and take child to hospital emergency room immediately.

TOOTHACHE

If a child has a toothache, rinse the mouth with warm water and floss teeth to remove food particles. If swelling occurs, apply cold packs to outside of face area of swelling. **DO NOT** apply aspirin or other medications to aching tooth. Take child to dentist.

TOOTHACHE

If a child has toothache, rinse the mouth with warm water and floss teeth to remove food particles. If swelling occurs, apply cold packs to outside of face area of swelling. **DO NOT** apply aspirin or other medications directly on aching tooth. Recommend parent take child to the dentist.

BLEEDING GUMS

Bleeding gums are usually a result of poor oral hygiene. By removing plaque daily from the teeth and gums with a soft-bristled toothbrush and dental floss, the gum tissue should resume its normal condition. When red, swollen, or sore gums are present, rinse every 2 hours with a mixture of equal parts water and 3% solution of hydrogen peroxide or with warm saltwater solution. If this condition does not improve, a visit to the dentist is recommended.

TOOTH ERUPTION PAIN

Eruption of the permanent teeth is often accompanied by pain. Locate the eruption site and apply a cold pack to the exterior of face for temporary relief. A topical anesthetic such as Orabase with benzocaine, aspirin, or aspirin substitute may also be beneficial. **DO NOT** apply aspirin to gums. If pain persists, contact a dentist.

COLD SORES, CANKER SORES, FEVER BLISTERS

Determine if there is a cause for the irritation. Is it a broken dental appliance? Braces? For temporary relief, apply topical anesthetic such as Orabase with benzocaine and avoid hot spicy foods. An aspirin substitute may also be given for relief of pain or fever. **DO NOT** put an aspirin on sores. If sores are severe and not healed in 7-14 days and/or signs of fever and pain persist, contact a dentist.

CHILD CARE CONSULTATIONS

Dear Child Care Owner or Manager:

The U.S. Consumer Product Safety Commission (CPSC) is an independent federal regulatory agency that was created in 1972 by Congress in order to “protect the public against unreasonable risks of injuries and deaths associated with consumer products”. You may be familiar with CPSC already because of our recalls of children’s toys and other products, like cribs and playpens.

CPSC estimates that during 1997 about 31,000 children, 4 years old and younger were treated in U.S. hospital emergency rooms for injuries at child care/school settings. CPSC is aware of at least 56 children who have died in child care settings since 1990. In a recent national study, CPSC staff visited a number of child care settings and found that 2/3 of them had one or more potentially serious hazards. The study also showed 5% were using products that had been recalled by CPSC,

To help remedy the situation, CPSC has prepared a *Child Care Safety Checklist* for child care providers and parents use. The checklist will help caregivers become informed about hidden hazards by giving them a list of things to look for to make their homes and child care setting safer for children. Parents can use the checklist when choosing child care settings and ensuring that the child care provider is vigilant in monitoring product recall announcements and removing dangerous items. Our representative should provide a copy of this checklist to you.

The Idaho Central District Health Department is working with CPSC to ensure child care facilities within your state are aware of potential dangers and to assist you in identifying how to help prevent injuries and ensure greater safety for children.

Additional copies of the checklist along with other pertinent information can be obtained. By accessing CPSC through its website (www.cpsc.gov). We highly recommend that you visit us online. You can perform the following activities at our website.

- Get CPSC’s recall notices and other safety information automatically by subscribing to our e-mail list.
- Check the recalls part of this web site for information on products recalled from 1989 to the present.
- Call CPSC’s toll-free hotline (1-800-638-2772) for information on product recalls from 1973 to 1989.

For more information about children's safety and recalls of children's toys and products contact, Toll Free Hotline: 1-800-638-2772 or
U.S. Consumer Product Safety Commission
Washington DC 20207

Thank you.

REPORTABLE AND RESTRICTABLE DISEASES

BACTERIAL MENINGITIS (Meningococcal Disease)

WHAT IS BACTERIAL MENINGITIS?

A serious infection caused by meningococcal bacteria (also called *Neisseria meningitidis*) that can cause meningitis (a swelling of the tissues covering the brain and spinal cord), **meningococcemia** (an infection of the blood stream), or both.

WHAT ARE THE SYMPTOMS?

Symptoms of meningitis often include: Severe headache, fever, a stiff neck, vomiting, mental confusion, or dullness, rash, muscle tenderness, and shock. Symptoms of meningococcemia include: sudden onset of malaise (vague sense of illness), fever, weakness, headache, rash, and low blood pressure.

HOW IS IT SPREAD?

By droplets from the nose and throat of infected persons, through coughing and sneezing, through sharing food, drinks, eating utensils, or through kissing. *Most people who have the bacteria in their nose and throat are not sick themselves, yet can spread the germs to others.*

WHEN DO THE FIRST SIGNS OF ILLNESS OCCUR?

The time between getting infected and becoming ill, varies from 1-10 days, usually less than 4 days.

WHAT SHOULD A PERSON DO AFTER BEING EXPOSED?

1. The risk of being infected through close contact with someone with meningitis is relatively low. Even if a person is infected, the risk of developing the disease is very low. **Although the risk of developing meningitis after exposure is low, people who are exposed to meningitis should be carefully observed for symptoms.**

2. Household contacts and close contacts of someone with meningococcal disease that develop symptoms should be evaluated by a doctor immediately.
3. Central District Health Department (CDHD) recommends preventive antibiotics for the following individuals who have had close contact with the infected person during the seven days before their onset of illness:
 - Household contacts
 - Child care contacts
 - Individuals who have enough social contact to have been exposed to the infected person's oral or nasal secretions through sharing food, beverages, eating utensils, or kissing.

HOW CAN BACTERIAL MENINGITIS BE PREVENTED?

1. Cover the mouth and nose with disposable tissue when coughing or sneezing.
2. Only use disposable tissues to wipe noses.
3. Wash hands thoroughly after coughing or sneezing and after wiping noses.
4. Don't share food, drinks, or eating utensils.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology Department

1-208-327-8625

REPORTABLE AND RESTRICTABLE DISEASES

CAMPYLOBACTERIOSIS (Campylobacter Infection)

WHAT IS CAMPYLOBACTER?

Campylobacteriosis is an intestinal diarrheal illness caused by campylobacter bacteria.

WHAT ARE THE SYMPTOMS?

Common symptoms are diarrhea (which may contain blood or pus), abdominal pain, fever, nausea, and vomiting.

HOW IS IT SPREAD?

- By eating contaminated food, especially improperly cooked poultry (chicken or turkey), meat (beef, pork, lamb), or uncooked food contaminated by cutting boards or knives which have been in contact with raw poultry or meat.
- By drinking unpasteurized milk or water contaminated with the bacteria.
- By contact with infected pets (especially puppies or kittens) or other animals.
- By direct contact with feces from infected people.

WHEN DO THE FIRST SIGNS OF ILLNESS OCCUR?

From 1-10 days, usually 3-5 days after being infected.

HOW CAN CAMPYLOBACTER BE PREVENTED?

Wash hands thoroughly with soap and water.

- after using the toilet or after changing diapers
 - after contact with animals
 - after handling raw poultry and meat
 - before preparing food, serving food, or eating
- Thoroughly cook all food especially poultry**
- wash cutting boards and utensils with soap and hot water after contact with raw poultry and meat
 - drink only pasteurized milk

WHO IS SUSCEPTIBLE? Everyone
All ages

WHAT IS THE TREATMENT? Fluid replacement (keeping well hydrated).
Doctors may prescribe an antibiotic.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology Department

1-208-327-8625

REPORTABLE AND RESTRICTABLE DISEASES

CHICKEN POX (Varicella-Zoster)

WHAT IS CHICKEN POX?

Chicken pox is a common, highly contagious, rash illness caused by the *varicella zoster* virus. Though generally a mild illness in children, chicken pox can cause more serious illness and medical complications in susceptible adults, pregnant women, and immune compromised persons.

WHAT ARE THE SYMPTOMS?

Symptoms usually appear 14 to 17 days after infection. Chicken pox is characterized by an itchy rash and mild fever (usually less than 101°F). The skin rash begins as red bumps on the scalp, chest, back, underarms, neck, and face. The bumps change into blisters and finally form scabs.

HOW IS IT SPREAD?

Chicken pox is one of the most easily transmitted viral infections. The virus can be transmitted in three ways:

1. Through the air when a person with chicken pox coughs or sneezes.
2. By direct contact with blisters, sores, or their discharges.
3. A person who has not had chicken pox can become infected through direct contact with sores caused by herpes zoster (shingles).

WHEN IS SOMEONE CONTAGIOUS?

As many as 5 days **before** (usually 1 to 2 days) the rash appears 5 days **after** the first crop of vesicles or rash appears.

WHO CAN GET CHICKEN POX?

Anyone at any age. In most cases, once a person has had the varicella infection or has been immunized they are immune.

HOW CAN CHICKEN POX BE PREVENTED?

Exclude an infected person from school or day care for five days after the rash appears. Cover the mouth and nose with tissue when sneezing or coughing. Dispose of tissue promptly.

Practice good hand washing! The virus is spread by direct contact with the fluid of the blisters, as well as secretions from the nose and mouth.

Avoid exposing pregnant women, newborns, the elderly, or immune-compromised persons.

IS THERE A VACCINE TO PREVENT CHICKEN POX?

In 1995 a varicella vaccine was approved for use in the United States for person over 12 months of age.

- Children who lack a reliable history of chicken pox should receive one dose of varicella vaccine between 12 and 18 months of age.
- Susceptible children between 19 months of age and their 13th birthday should receive one dose of varicella vaccine.
- Susceptible adolescents and adults *13 years of age and older* should be immunized with 2 doses of vaccine administered 4-8 weeks apart.

IS THERE A TREATMENT FOR CHICKEN POX?

The symptoms of chicken pox can be treated to make a person more comfortable.

- Soak in a lukewarm bath one or more times per day. Add 1 tablespoon of baking soda to the bath.
- Acetaminophen (e.g. Tylenol) may be used to reduce fever. **Never give a child aspirin to reduce fever!**
- Diphenhydramine (e.g. Benadryl), an antihistamine, may be given to reduce itching. Be sure to follow the manufacturer's recommendations. Use only as directed.
- Keep children's finger nails short to prevent scratching. If an infection occurs as a result of scratching, consult your doctor.
- Topical creams (e.g. calamine lotion) may help reduce itching and scratching.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT
Epidemiology Department 1-208-327-8625

REPORTABLE AND RESTRICTABLE DISEASES

CONJUNCTIVITIS (PINKEYE)

WHAT IS PINKEYE?

An infection of the conjunctiva (the skin which lines the inner surface of the eye lids). Conjunctivitis can be caused by viruses or bacteria.

WHAT ARE THE SYMPTOMS?

Itching, irritation, or a scratchy feeling in one or both eyes. Redness in the whites of the eyes. Bright light may hurt the eyes. There may be a discharge which causes the eye lids to stick together.

HOW IS IT SPREAD?

Direct contact with discharge from the eye(s) of the infected person. Discharges from the eye(s) on fingers, towels, washcloths, and handkerchiefs may also spread the infection.

WHEN DO THE FIRST SIGNS OF ILLNESS OCCUR?

From a half day to three days after infection.

HOW LONG IS IT CONTAGIOUS?

During the entire course of an active infection until 24-hours after beginning treatment with an antibiotic.

HOW LONG SHOULD A CHILD BE KEPT AT HOME?

Children with conjunctivitis should not attend child care during the active stage of infection. Children may return 24 hours after start of antibiotic treatment.

WHAT SHOULD A PERSON DO AFTER BEING EXPOSED?

Wash hands after wiping a runny nose or touching the face and eye(s) of a child with pinkeye. Use only disposable tissues, cloths, and towels.

HOW CAN THE SPREAD OF PINKEYE BE PREVENTED?

The spread of pinkeye can be prevented by:

- By thorough hand washing at all times after wiping a nose or face.
- Do not use common washcloths, drying towels, or blankets for the children.
- Keep toys, cribs, and high chairs clean and sanitized.
- Monitor the other children for signs of developing pinkeye.
- Make sure all children and staff use good hand washing practices and hygiene including proper use and disposal of paper tissues used for wiping nasal secretions.
- Eliminate any shared articles, such as towels. Use disposable paper towels.
- Disinfect any articles that may have been contaminated.
- Exclude children with a white or yellow discharge until they have been treated with an antibiotic for at least 24-hours. Children with a watery discharge generally do not need to be excluded unless there have been other children in the group with similar symptoms, but should be monitored for sign of more serious illness, such as fever or rash.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology Department

1-208-327-8625

REPORTABLE AND RESTRICTABLE DISEASES

CRYPTOSPORIDIOSIS (*Cryptosporidium parvum*)

WHAT IS CRYPTOSPORIDIOSIS?

Cryptosporidiosis is a diarrheal illness caused by *Cryptosporidium parvum*, a microscopic parasite that lives in intestines of infected humans and animals.

WHAT ARE THE SYMPTOMS OF CRYPTOSPORIDIOSIS?

The most common symptoms are diarrhea (loose, watery stools), cramps, upset stomach, and sometimes fever. Symptoms may come and go. Some people do not develop symptoms at all. **However**, cryptosporidiosis can be life threatening for infants and for persons with compromised immune systems (persons with HIV/AIDS, cancer, who are transplant recipients, or who are on immunosuppressive drugs).

HOW DOES A PERSON BECOME INFECTED?

A person can become infected by:

- Swallowing water containing the oocysts (oh-oh-cysts) which are the infectious stage of the parasites. The oocysts can be found in contaminated lakes, rivers, springs, ponds, streams, irrigation water, hot tubs, Jacuzzis, or swimming pools.
- Eating uncooked food, especially unwashed vegetables or fruit contaminated by cryptosporidium.
- Oral/anal sexual contact with an infected person.
- Contact with contaminated surfaces such as children's toys, bathroom fixtures, diaper changing tables, diaper pails, etc.
- Not washing hands after handling soiled diapers or after playing with infected animals, especially calves, puppies and kittens.

HOW LONG AFTER BEING INFECTED DOES A PERSON GET SICK?

Generally from 7-10 days, but it can last as long as twenty-one days.

WHEN CAN SOMEONE WITH CRYPTOSPORIDIOSIS SPREAD IT TO OTHERS?

Infected persons can pass the parasites in their stool for up to two months after becoming ill.

- Child care restriction – children with diarrhea should be excluded from child care until their symptoms resolve.
- Work restrictions – health care workers, food service workers, and child care providers who work directly with children should be excluded from work until their symptoms resolve.
- Children and adults with cryptosporidiosis **should not swim in public pools or water parks for two weeks after their diarrhea stops.**

WHAT SHOULD I DO IF I THINK HAVE CRYPTOSPORIDIOSIS?

See your doctor! Special lab tests must be ordered to identify *Cryptosporidium parvum* infection.

HOW CAN THE SPREAD BE PREVENTED?

- **Wash your hands** after using the toilet, changing diapers, or handling animals.
- **Wash your hands** before preparing and eating food.
- **Avoid** swallowing water from lakes, rivers, streams, springs, irrigation canals, ponds, swimming pools, etc.
- **Wash and/or peel** all raw vegetables and fruits before eating.
- **Abstain** from oral/anal sexual contact or use a latex barrier.

**WHAT IS THE
TREATMENT FOR
CRYPTOSPORIDIOSIS?**

In December 2002 the FDA approved a drug treatment, nitazoxinide for patients 1-11 years of age only. Persons with diarrhea should drink plenty of fluids to keep hydrated. Infants, the elderly, persons with compromised immune systems, or other chronic illnesses are at greater risk of serious illness as a result of cryptosporidiosis.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology Department

1-208-327-8625

REPORTABLE AND RESTRICTABLE DISEASES

E. COLI 0157:H7

WHAT IS E. COLI 0157:H7 INFECTION?

E. coli are bacteria that normally live in the intestines of humans and animals. There are many strains of E. coli and most of them are harmless. However, one particular strain, *E. coli 0157:H7*, can cause serious illness. Symptoms can range from mild, non-bloody diarrhea to severe diarrhea which is virtually all blood. Diarrhea is often accompanied by abdominal cramps (typically severe), nausea, vomiting, and fever. Complications such as kidney damage may also occur.

WHAT SHOULD SOMEONE DO IF THEY HAVE THESE SYMPTOMS?

See a doctor!

WHEN DO THE FIRST SIGNS OF ILLNESS OCCUR?

2-8 days after being infected (average is 3-4 days).

HOW IS E. COLI 0157:H7 SPREAD?

The bacteria can be spread in several ways:

- The bacteria are in the intestines of cattle. Beef carcasses can become contaminated with the bacteria during the slaughtering process. A person can become infected with *E. coli 0157:H7* if they eat raw or undercooked beef, especially ground beef.
- Drinking unpasteurized (raw) milk, eating unwashed fresh vegetables and fruits, unpasteurized fruit juices, or any food product eaten raw which may be contaminated by feces or manure used for fertilizer.

- Cross-contaminated cutting boards or other food preparation surfaces. Do not place ready-to-eat foods on counters, cutting boards, or plates that have been in contact with raw meats. Wash all surfaces with hot, soapy water.
- *E. coli* 0157:H7 bacteria are in the intestines of an infected person. When an infected person has a bowel movement, their hands can become contaminated while wiping. If the infected person does not wash their hands thoroughly after using the bathroom, they can spread *E. coli* 0157:H7 to others through handling or sharing their food or drink. It is also spread when a person does not wash their hands after changing the diaper of an infected child.
- Cattle or humans with *E. coli* 0157:H7 infection can contaminate streams, lakes, irrigation ditches, or swimming pools with feces. Other people who swallow the water can become infected.

HOW CAN INFECTION WITH *E. COLI* 0157:H7 BE PREVENTED?

Infection can be very serious, even fatal, and often results in hospitalization. Preventing *E. coli* 0157:H7 infection is very important.

Infection can be prevented by:

- thoroughly cooking meat, especially ground beef (until there is no pink and the juices run clear) meat should be 155°F.
- thoroughly washing fresh fruits and vegetables in potable (drinking) water.
- washing hands thoroughly with soap and water, after having a bowel movement, diapering children, and before preparing or eating food. **Be sure to wash hands after handling raw meat as well!**
- sanitizing all surfaces (including plates, knives, spatulas, cutting boards, faucets, etc.) which come in contact with raw meat and washing hands after handling raw meat.
- not swallowing water from streams, lakes, irrigation ditches, or swimming pools.
- washing hands after contact with pets, birds, or livestock.

**HOW LONG IS A
PERSON CONTAGIOUS?**

A week or less in adults and up to 3 weeks or more in children.

**HOW IS E. COLI
O157:H7 TREATED?**

Some physicians will prescribe an antibiotic for *E. coli* O157:H7 infection; others will let the illness run its course. It is important that symptomatic people drink fluids frequently to avoid dehydration.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology

1-208-327-8625

REPORTABLE AND RESTRICTABLE DISEASES

Fifth Disease (Erythema Infectiosum)

WHAT IS FIFTH DISEASE?

A common, usually mild rash illness caused by Human Parvovirus B19.

WHAT ARE THE SYMPTOMS?

Mild symptoms (for example headache, body ache, sore throat, low grade fever and chills) may occur before the rash. Usually there is no fever. Frequently there is a rash, especially on the cheeks (slapped-cheek appearance), followed by a *lace-like* rash on the chest, back, arms and legs. The rash fades, but may return and improve or get worse for weeks, especially with exposure to heat, such as sunlight or bathing. Joint pain and swelling of the joints commonly occur in adults and might occur in children. Some people do not have symptoms at all.

HOW IS IT SPREAD?

- Respiratory secretions (coughing, sneezing).
- May also spread from mother to developing fetus.

HOW LONG AFTER BEING INFECTED DOES A PERSON BECOME SICK?

4-20 days.

WHEN CAN SOMEONE WITH FIFTH DISEASE SPREAD IT TO OTHERS?

People with Fifth Disease **are most contagious *before* the rash begins and are probably not contagious after the rash appears**. People with Fifth Disease, diagnosed by a doctor, do not need to be isolated at home and may go to work, school or child care.

WHO IS SUSCEPTIBLE?

Everyone. About half of all adults have had Fifth Disease so they are protected from being infected again.

**HOW CAN THE
SPREAD OF FIFTH
DISEASE BE
PREVENTED?**

- Cover nose and mouth with tissue when coughing and sneezing, then dispose of tissues and wash hands.
- Wash hands with warm water and soap frequently.
- Avoid sharing food, eating utensils, drinking glasses, soda or water bottles.

**WHAT ARE THE
POTENTIAL
PROBLEMS IF A
PREGNANT WOMAN
IS EXPOSED?**

Fifth Disease infection that occurs during pregnancy can cause fetal death. The risk of fetal death is less than 10% after lab confirmed infection in the first half of pregnancy. In the second half of pregnancy the risk of fetal death is not significant. Birth defects associated with Fifth Disease have not been reported. Pregnant women exposed to Fifth Disease should consult their doctors.

**WHAT IS THE
TREATMENT?**

There is no specific treatment.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology Department

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REPORTABLE AND RESTRICTABLE DISEASES

Giardia Infection (Giardiasis)

WHAT IS GIARDIA?

A parasite which causes an infection of the intestines.

WHAT ARE THE SYMPTOMS?

Abdominal cramps, diarrhea, gas, bloating, loss of appetite, and tiredness. Sometimes symptoms come and go. Often people don't have any symptoms.

HOW IS IT SPREAD?

Giardia is found in infected humans, dogs, cats, beavers and other animals. Giardia can be spread:

- **by contact with the feces of an infected person**

(Example: If a person changes an infected baby's diaper and doesn't wash his hands thoroughly afterwards he can infect himself by putting his fingers or hands in his mouth or by handling objects or food with contaminated hands. When he or someone puts contaminated food or objects in their mouth, they can become infected.)

- **from the feces of an infected animal**

- **by drinking water contaminated by human or animal feces** (e.g., lakes, streams, irrigation ditches)

- **by eating food contaminated with giardia.**

HOW LONG AFTER BEING INFECTED DOES A PERSON BECOME SICK?

1 to 5 weeks; usually 7-10 days.

WHEN CAN SOMEONE WITH GIARDIA SPREAD IT TO OTHERS?

Without treatment, infected people may pass Giardia parasites in their feces for months. A person is no longer contagious after taking a complete course of a medication prescribed by a physician.

WHO IS SUSCEPTIBLE?

Everyone.

**HOW CAN THE
SPREAD OF GIARDIA
BE PREVENTED?**

- **Thorough hand washing after using the toilet, before handling or eating food, and after handling soiled diapers.**
- Disinfect objects in the environment which may have been soiled with feces. For example: toilets, diaper changing tables, faucets, door knobs, refrigerator door handles, infant toys.
- Use disposable towels for drying hands.
- Campers and backpackers should boil, chemically treat (iodine) or filter drinking water.
- Dispose of feces in a safe and sanitary way, especially avoiding contamination of lakes and streams.

**WHEN CAN A PERSON
WITH GIARDIA
RETURN TO WORK OR
CHILD CARE?**

- **WORK** People with Giardia who provide care to children in child care settings, provide care to persons in health care facilities or residential care facilities, or work as a food handler **must not work while they have diarrhea.**
- **CHILD CARE** Children with Giardia who have diarrhea **should not attend child care until they are on medication and their symptoms stop.**

**WHAT IS THE
TREATMENT FOR
GIARDIA INFECTION?**

An appropriate medication prescribed by a physician

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology Department

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REPORTABLE AND RESTRICTABLE DISEASES

HAND, FOOT & MOUTH DISEASE

WHAT IS HAND, FOOT & MOUTH DISEASE?

Hand, foot and mouth disease (HFMD) is a common illness of infants and children. It is characterized by fever, sores in the mouth, and a rash with blisters. HFMD begins with a mild fever, poor appetite, malaise (feeling sick), and frequently a sore throat. One or two days after fever begins, sores develop in the mouth. They begin as small red spots that blister and often become ulcers. They are usually located on the tongue, gums, and inside the cheeks. The skin rash develops over one to two days with flat or raised red spots, some with blisters. The rash does not itch. It is usually located on the palms of the hands and soles of the feet. It may also appear on the buttocks. A person with HFMD may have only the rash or the mouth ulcers.

IS HFMD THE SAME AS FOOT & MOUTH DISEASE?

No. HFMD is a different disease than foot and mouth disease of cattle, sheep, and swine. Although the names are similar, the two diseases are not related at all and are caused by different viruses.

IS HFMD SERIOUS?

Usually not. Nearly all people with HFMD recover without medical treatment. HFMD usually resolves in seven to ten days. There are no common complications. Rarely this illness may be associated with aseptic or viral meningitis, in which the person has fever, headache, stiff neck or back pain, and may need to be hospitalized for few days.

WHAT CAUSES HFMD?

Several different viruses cause HFMD. The most common cause is coxsackievirus A16; occasionally other strains of coxsackievirus A or enterovirus 71 cause HFMD. The coxsackieviruses are members of a group of viruses called interoviruses. The enterovirus group includes polioviruses, coxsackieviruses, and echoviruses.

IS IT CONTAGIOUS?

Yes, HFMD is moderately contagious. Infection is spread from person to person by direct contact with nose and throat discharges or the stool of infected persons. A person is most contagious during the first week of the illness. HFMD is not transmitted to or from pets or other animals.

**HOW SOON WILL
SOMEONE BECOME
ILL AFTER GETTING
INFECTED?**

The usual period from infection to onset of symptoms is three to six days. Fever is often the first symptom of HFMD.

**WHO IS AT RISK FOR
HFMD?**

HFMD occurs mainly in children under 10 years old, but adults may also be at risk. Everyone is susceptible to infection. Infection results in immunity to the specific virus, but a second episode may occur following infection with a different member of the enterovirus group.

**WHEN AND WHERE
DOES HFMD OCCUR?**

Individual cases and outbreaks of HFMD occur worldwide, more frequently in summer and early autumn.

**HOW IS HFMD
DIAGNOSED?**

HFMD is one of many infections that result in mouth sores. Another common cause is oral herpesvirus infection, which produces an inflammation of the mouth and gums (sometimes called stomatitis). Usually, the physician can distinguish between HFMD and other causes of mouth sores based on the age of the patient, the pattern of symptoms reported by the patient or parent, and the appearance of the rash and sores on examination. A throat swab or stool specimen may be sent to a laboratory to determine which enterovirus caused the illness. Since testing often takes two to four weeks to obtain a final answer, the physician usually does not order these.

**HOW IS HFMD
TREATED?**

NO specific treatment is available for this infection. Symptomatic treatment is given to provide relief from fever, aches, or pain from the mouth ulcers.

**HOW CAN IT BE
PREVENTED?**

Preventive measures include frequent hand washing, especially after diaper changes; disinfection of contaminated surfaces by household cleaners; and washing soiled articles of clothing. Children are often excluded from child care programs, schools, and other group settings during the first few days of the illness. These measures may reduce the spread of the infection, but they will not completely interrupt it.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology Department

1-208-327-8625

REPORTABLE AND RESTRICTABLE DISEASES

HEAD LICE

WHAT ARE HEAD LICE?

Head lice are insects that live on the hair, eyebrows, and eyelashes. An adult louse is about the size of a sesame seed and can range in color from translucent (clear) to brown. Lice and their eggs (nits) are usually found in the hair behind the ears and near the nape of the neck. It is generally easier to see the nits, which are usually dark gray, smaller than a grain of sand and firmly attached to the hair shaft. The nits hatch in 7-10 days (white nits are empty shells that have already hatched).

WHAT ARE THE SYMPTOMS?

Itching is the most common symptom. Small red dots are possible bites. Scratching can lead to infection.

HOW ARE HEAD LICE TREATED?

Only those persons who are infested and their bedmates should be treated.

However, all persons living in a household where there are head lice should be examined daily for 10 days.

The safest and most effective treatment is to use the Licemister™ or identical comb with regular shampoo.

Pesticide treatment of the head is not recommended without proper combing. Most lice shampoo kits have inadequate combs.

Infested persons should be treated over a sink rather than in the shower or bathtub to avoid live lice remaining on the body and causing re-infestation. Remove the infested person's shirt and provide a towel for eye-protection before starting treatment. Put on clean clothing after treating and removing lice.

REMOVING THE NITS:

Currently the LiceMeister™ comb available from the National Pediculosis Association is the most effective comb for mechanically removing nits.

- Part hair into four sections.
- Comb slowly away from scalp to end of hair, combing entire length.
- Fasten nit-free strands out of the way.
- Dip metal comb in hot water (130°F) to kill any removed nits or lice.
- Wipe nits from comb frequently with a disposable tissue.
- Repeat for each section.
- Soak comb in bleach water solution (1 tablespoon bleach per quart of water) for ten minutes or in very hot water (130°F) for one minute.
- Check daily for nits/lice for the next 7-10 days.

PLEASE DO NOT DO!

- ❖ Do not fumigate homes, schools, or other buildings.
- ❖ Do not use insecticides – they may be harmful to family members.
- ❖ Do not treat pets for lice and do not use lice sprays on mattresses or furniture.

ADDITIONAL CONTROL MEASURES:

- Vacuum mattresses, furniture, car seats etc.
- Wash all towels, pillows, sheets, blankets, and clothing recently used by the infested person in hot water and dry on high heat.
- Use a hand-held blow dryer on the hottest setting to go over unwashable but heat tolerant items (headphones, mattresses, furniture, car seats, etc.).
- Soak personal items such as combs, brushes, etc. in very hot water (130°F) for one minute.
- Seal in plastic and freeze personal items such as combs, brushes, etc. for 24 hours.
- Other items such as stuffed toys that have been slept with can be placed in plastic and left for two weeks ensuring that both live lice and nits are dead before using the items again.

- Parents must not use the same comb, hairbrush, etc. for different people.
- Persons with head lice should not share articles that come in contact with the head or shoulders (combs, brushes, hats, coats, towels, etc.).
- Avoid direct head to head contact with individuals who are infested with head lice.

NOTIFICATION OF CLOSE CONTACTS, SCHOOLS, AND/OR CHILD CARE IS IMPORTANT

A note to day care centers: To decrease any problems of head lice spread in your center, remember to keep each child's personal articles separate. Combs, hats, wigs cannot be shared.

1. Use separate containers for each child's coat, hat, blanket, etc.
2. Have each child use a personal blanket for naps.
3. Bedding in cribs, cots, or mats should be used exclusively by each individual child or it should be cleaned and sanitized before used by another child.
4. Keep children limited to fewer areas of the house.
5. Cover chairs and couches with large blankets or bedspreads so they can be washed daily.

If you have followed the recommended treatment guidelines and you are still having problems with head lice, you may need to contact your family physician for guidance.

The LiceMiester™ comb is available from the National Pediculosis Association, P.O.Box 610189, Newton MA 02459 (617) 449-6487. Their internet address is www.headlice.org.

For more information contact your doctor or local health department.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology Department

1-208-327-8625

Head Lice Advice and the LiceMeister™ Comb

Bob Jue, Senior Environmental Health Specialist
Central District Health Department



The following information is for parents who have been unsuccessful eliminating head lice from their home. *"Have you been shampooing hair, laundering, vacuuming, bagging everything, spraying pesticide in the house, using mayonnaise, tea tree oil and other home remedies?"*
Stop!

- **Spend your energy nit picking.** Since we are only dealing with head lice and not body lice, laundering every piece of clothing in the house is not necessary. DO launder bed linens and pajamas and wash clothes that the person is wearing the day of treatment.
- **Lice normally cannot survive more than 24 hours off of our heads.** They need warmth (our body heat) and food (our blood). Without us they die. They will not leave us unless they detect another person's head and hair nearby. Lice are not well adapted to walking on surfaces except hair. Lice prefer to follow hair like a train will follow a track.
- **Vacuum mattresses and sofas.** A live nit attached to a hair that falls off the head can survive more than 24 hours. However, it will not hatch without adequate warmth (approximately 90°F). The newly hatched louse also must have food and it may not find any on a sofa or carpet unless you happen to be there when it hatches.
- **Nits.** A newly laid nit looks dark gray. They are attached to hair close to the scalp. As the hair grows it moves the nit further from the scalp. Empty nits are white in appearance. Nits containing a developing louse or a dead one look light brown or tan-colored.
- **Nit Removal** is the key to successful elimination of head lice. The best comb for louse and nit removal is the LiceMeister™ comb. The comb has 1.5 inch-long stainless steel teeth with precision spacing. Health Department personnel and parents who have used the comb know it is the most effective and efficient mechanical device for removing nits.
 - If you have already used a louse shampoo in the past week, shampoo the hair with regular shampoo and use the LiceMeister™ to remove any nits and live lice. Section off the hair before starting the combing.
 - Lice of all ages/sizes are removed by the LiceMeister™. Dip the comb in hot tap water (over 130°) after each pass through the hair. Boiling is not necessary. The hot water will kill the live lice and nits. Keep the same side of the comb facing the scalp so lice will not be put back onto the next hair section combed. After use wash with soap and water.
 - The use of the LiceMeister™ comb eliminates the need to use other chemical treatment. Regular use of the LiceMeister™ can remove lice and nits before a big problem arises.
- The LiceMeister™ is available from the National Pediculosis Association, P.O. Box 610189, Newton, MA 02161. The Internet address is www.headlice.org.

REPORTABLE AND RESTRICTABLE DISEASES

HEPATITIS A

WHAT IS HEPATITIS A?

An infection of the liver caused by a virus. Hepatitis A can range from a mild illness lasting one to two weeks to serious illness which can cause hospitalization. Some people may not get sick.

WHAT ARE THE SYMPTOMS?

Early symptoms can include tiredness, loss of appetite, nausea, vomiting, abdominal pain and aching. Later symptoms can include dark-colored urine, light colored stool, and jaundice (when eyes or skin turn yellow).

WHAT SHOULD SOMEONE WHO HAS SYMPTOMS OF HEPATITIS A DO?

See a doctor!

HOW IS HEPATITIS A SPREAD?

Hepatitis A viruses are in the intestines of a person who is infected. The viruses leave the body in a person's feces. If the infected person doesn't wash their hands after a bowel movement, their hands may be contaminated with the virus. If that person handles food, the food could be contaminated with the Hepatitis A viruses.

Whoever eats the food can then become infected. Hepatitis A can be spread when a person doesn't wash their hands after changing an infected child's diapers.

**HOW LONG AFTER
BEING INFECTED
DOES A PERSON
FIRST BECOME
SICK?**

15 to 50 days; usually within 28 to 30 days.

**WHEN CAN
SOMEONE WITH
HEPATITIS A
SPREAD IT TO
OTHERS?**

One to two weeks before the first symptoms appear through one week after jaundice appears (or two weeks after first symptoms occurred).

**HOW CAN THE
SPREAD OF
HEPATITIS A BE
PREVENTED?**

- Thoroughly wash hands. Use soap and warm water after using the toilet or diapering children.
- Abstain from oral/anal sexual contact or use a latex barrier.
- Always wash hands before preparing, serving, or handling food. If you have Hepatitis A, do not prepare, serve, or share food with others until one week after jaundice began (or two weeks after symptoms first began).
- Work restrictions:
 - ✓ Food handlers, child care workers, health care workers, and residential care workers who provide personal care should not work until they are no longer contagious.
 - ✓ Food handlers, child care workers, and health care workers who live in a household where there is a case of Hepatitis A should not work unless exempted by the health department.
- Child care restrictions:
 - ✓ Children with Hepatitis A should not attend child care until they are no longer contagious.

**WHEN IS
HEPATITIS A
VACCINE
RECOMMENDED?**

Children two years of age and older should be immunized against Hepatitis A. The Hepatitis A vaccine is given before exposure. The vaccine is not used after a person has been exposed to Hepatitis A.

**WHAT SHOULD
SOMEONE DO IF
THEY'VE BEEN IN
CONTACT WITH A
PERSON WITH
HEPATITIS A?**

Household members, sex partners, and contacts in a child care setting should receive immune globulin (IG) as soon as possible, but no longer than 14 days after their most recent exposure. Only someone who has eaten ready-to-eat food handled by someone with Hepatitis A is at risk of being infected. IG is not recommended for the usual office, school, and work situations.

PRACTICE GOOD HANDWASHING!

**WHAT IS THE
TREATMENT FOR
HEPATITIS A?**

There is no specific treatment. Treatment of symptoms and rehydration (fluid replacement) may be necessary.

**VACCINATION *AND* GOOD HANDWASHING ARE THE BEST WAYS
TO PREVENT HEPATITIS A**

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

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REPORTABLE AND RESTRICTABLE DISEASES

HEPATITIS B

WHAT IS HEPATITIS B?

Hepatitis B is an infection of the liver caused by the Hepatitis B virus.

WHAT ARE THE SYMPTOMS?

Most infected people have no symptoms of illness. Abdominal pain, loss of appetite, nausea, tiredness, joint pain, dark urine, light colored stool, or jaundice (yellow skin or eyes). Sometimes a fever is present.

HOW IS IT SPREAD?

Hepatitis B is spread in five ways:

1. Having unprotected sex with someone who is infected.
2. Sharing needles with someone who is using intravenous drugs or steroids.
3. Getting blood or possibly saliva from someone who is infected into a cut or opening in the skin.
4. Pregnant women who are infected may spread Hepatitis B to their newborn babies.
5. Sharing toothbrushes or razors with someone who is infected.

Hepatitis B is NOT spread:

2. Through the air by coughing or sneezing.
3. Eating food prepared by someone who is infected.
4. Working with someone who is infected.
5. Playing with someone who is infected.
6. Being in a class with someone who is infected.

WHEN DO THE FIRST SIGNS OF ILLNESS OCCUR?

1 ½ to 6 months after infection, usually 2-3 months after infection.

**HOW LONG IS IT
CONTAGIOUS?**

The entire time a person is infected. Nine out of ten people who get Hepatitis B clear their infection and recover. About one out of ten people who get Hepatitis B remain infectious for life. This is called *chronic infection* and usually results in them becoming *carriers*. **A carrier is a person who has chronic infection with Hepatitis B viruses and although they may not be sick, they are contagious and can infect others.**

**HOW LONG
SHOULD A CHILD
BE KEPT AT HOME?**

Children need not be kept home from school, child care, or any other activities.

**WHAT SHOULD A
PERSON DO AFTER
BEING EXPOSED?**

In some cases when a person is exposed to Hepatitis B, that person's physician or the health department may recommend that they receive an injection of Hepatitis B vaccine or vaccine and Hepatitis B immune globulin. The exposed person should also be tested.

**HOW CAN
HEPATITIS B BE
PREVENTED?**

- There is a very effective vaccine to prevent the spread of Hepatitis B. It **IS** recommended for all children birth to 18 years of age. For adults it is recommended for certain high-risk groups.
- Prevent scratching, biting, and fighting among children. Call your local health department for more information about who is at risk.
- Wear gloves whenever touching blood.
- Clean up blood with a solution made up of one (1) cup of household bleach in ten(10) cups of water. Wash hands immediately after removing gloves.
- Refer to *Disinfection Procedures* in this manual.

Contact your doctor or local health care department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

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REPORTABLE AND RESTRICTABLE DISEASES

HIV INFECTION AND AIDS

WHAT IS HIV INFECTION?

Infection with a virus called the human immunodeficiency virus. HIV is the causative agent of HIV disease or AIDS.

WHAT ARE THE SYMPTOMS OF HIV DISEASE?

Some individuals may live with HIV infection for several years without any symptoms of infection. However, eventually many infected persons will experience one or more of the most common symptoms of HIV disease including :

- Persistent low grade fever.
- Chronic fatigue.
- Swollen lymph glands
- Night sweats
- Persistent diarrhea
- Unexplained weight loss
- Sores, white patches on tongue, gums or roof of mouth.
- Women might experience recurrent vaginal yeast infections that are difficult to treat.

These may be symptoms of other illnesses so it is important that you see your health care provider.

WHO CAN GET HIV?

Anyone can become infected with HIV. Those at greatest risk are:

- men who have sex with other men
- those who share injection drug equipment
- sex partners of HIV infected men or women
- infants born to HIV infected mothers

**HOW IS HIV
TRANSMITTED?**

The highest concentrations of HIV can be found in human blood, sexual fluids (semen in men and vaginal/cervical secretions in women) and breast milk. HIV can be transmitted through unprotected intercourse, through contact with HIV infected blood especially by sharing injection drug needles, and it can be transmitted from an infected mother to her baby during pregnancy, at delivery, or by breast feeding. There is a small risk of infection through unprotected oral sex.

**HOW DO YOU FIND
OUT IF YOU ARE
INFECTED WITH
HIV?**

There is a test for HIV infection called an antibody test. When a person is infected with HIV his/her body will produce antibodies to the infection. It can take from two weeks up to six months before the HIV antibodies can be reliably detected by the HIV antibody test. Most persons will test positive within three months after they are infected (but it can take as long as six months).

**WHERE CAN I GET AN
HIV ANTIBODY
TEST?**

Confidential HIV antibody tests are available at your local health department, Planned Parenthood and other special locations. Your private health care provider can perform a HIV antibody test and currently an *at home* antibody test is available at area pharmacies.

**IS THERE A CURE
FOR HIV INFECTION?**

Currently there is no cure for HIV infection, but there have been many advances in the treatment of HIV infection that are helping people live longer healthier lives. Many of the treatments are most effective if they are applied early in HIV infection.

**HOW CAN HIV
INFECTION BE
PREVENTED?**

HIV can be prevented by eliminating or reducing high risk behaviors:

- do not use injection drugs
- do not share needles or other works
- abstain from unprotected sex
- have an HIV antibody test done

Contact your doctor or local health department for more information.

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REPORTABLE AND RESTRICTABLE DISEASES

IMPETIGO

WHAT IS IMPETIGO?

Impetigo is a bacterial skin infection common in young children and most often occurring on the face around the mouth.

WHAT DOES IT LOOK LIKE?

Small blisters commonly on the face and hands which form flat, yellow crusty, or weeping patches on the skin. These sores grow rapidly in size.

HOW IS IT SPREAD?

Spreading usually results from direct contact with a person who has active skin sores or from contact with things soiled by drainage from those lesions, such as clothing.

WHEN DO THE FIRST SIGNS OF ILLNESS OCCUR?

From 1-10 days after infection.

HOW LONG IS IT CONTAGIOUS?

As long as sores continue to drain. After 24-hours on antibiotics a person is no longer contagious.

HOW LONG SHOULD A CHILD BE KEPT AT HOME?

Children may return to child care when their impetigo has been treated with antibiotic ointment and covered.

HOW IS IMPETIGO TREATED?

- The sores should be soaked in warm water.
- Crusts should then be removed.
- Antibiotic ointment should then be applied to the sores.
- Children should not participate in contact sports until their impetigo has healed.

- Impetigo is treated with an antibiotic ointment for the sores and infrequently, an antibiotic (such as penicillin) taken by mouth. Sometimes the sores should be covered (depending on where they are on the body) to prevent spread.

HOW CAN IMPETIGO BE PREVENTED?

Prompt treatment of cases by keeping untreated children from the child care center until 24-hours after they start treatment. Also by making sure that anyone who has contact with the sores wash their hands well with soap and water and dries them with a disposable towel.

Contact your doctor or local department for more information.

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REPORTABLE AND RESTRICTABLE DISEASES

MEASLES (RUBEOLA)

WHAT ARE MEASLES?

Measles is a highly contagious viral infection marked by fever, cough, conjunctivitis, cold symptoms, and a red rash. Complications include middle ear infection, pneumonia, and swelling of the tissue that covers the brain (encephalitis). Fortunately measles are rare in Idaho.

WHAT ARE THE SYMPTOMS?

Begins with runny nose, cough, red or watery eyes, and fever. The rash usually is red and blotchy and typically begins on the face and spreads downward. The eyes may be sensitive to light.

HOW IS IT SPREAD?

Through the air by coughing and sneezing. Measles is one of the most easily spread diseases. For example, if a person with measles is in a room and coughs, people who come into that room as much as two hours later are at risk of being infected.

HOW LONG AFTER BEING INFECTED DOES A PERSON BECOME SICK?

Cold symptoms, cough, and fever usually begin 8-12 days after infected. The rash usually begins 14 days after being infected.

WHEN CAN SOMEONE WITH MEASLES SPREAD IT TO OTHERS?

Beginning 3-5 days before the rash appears until 4 days after the rash appears.

HOW CAN THE SPREAD OF MEASLES BE PREVENTED OR CONTROLLED?

Routine vaccination recommendation:

Children should receive their first dose of measles vaccine in the form of Measles-Mumps-Rubella (MMR) vaccine between 12-15 months of age. The second (final) dose should be received at 4-6 years of age. Those who haven't received the second dose should receive it no later than age 11-12.

Isolation of persons with measles:

People with measles should be isolated at home for four days after the appearance of the rash.

Prevention of measles after being exposed:

Unprotected people who get exposed may be protected if they receive measles vaccine within 72-hours of the exposure.

Personal hygiene:

Cover mouth and nose with disposable tissue when coughing or sneezing. Practice frequent and thorough hand washing.

**HOW ARE
MEASLES
TREATED?**

There is no specific treatment. Only aspirin-free products should be used as comfort measures for measles and other childhood illnesses.

**WHAT SHOULD A
PERSON DO IF
THEY THINK THEY
MIGHT HAVE
MEASLES?**

SEE A DOCTOR! Immediately see a doctor. Call the doctor first so that other people won't be exposed.

Contact your doctor or local health department for more information.

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REPORTABLE AND RESTRICTABLE DISEASES

MUMPS

**WHAT ARE
MUMPS?**

A viral disease with swelling of the salivary glands.

**WHAT ARE THE
SYMPTOMS?**

Low-grade fever, swelling and tenderness of one or more glands, especially the salivary gland at the jaw angle.

**HOW IS IT
SPREAD?**

Through the air when a person coughs or sneezes. Also spread by contact with the saliva of an infected person.

**WHEN DOES THE
FIRST SIGN OF
ILLNESS OCCUR?**

About 2-3 weeks, usually 16-18 days after exposure and infection.

**HOW LONG IS IT
CONTAGIOUS?**

As long as 7 days before the start of swelling of the glands until 9 days after the swelling has begun.

**HOW LONG
SHOULD A CHILD
BE KEPT AT
HOME?**

Children with mumps should stay at home for 9 days following the beginning of the swelling of their glands.

**WHAT SHOULD A
PERSON DO
AFTER BEING
EXPOSED?**

Children 12-15 months of age and older who have not already been immunized against mumps should receive mumps vaccine, usually as a measles-mumps-rubella (MMR) vaccination.

Contact your doctor or local health department for more information.

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REPORTABLE AND RESTRICTABLE DISEASES

PERTUSSIS (WHOOPIING COUGH)

WHAT IS PERTUSSIS?

A highly contagious respiratory disease caused by bacteria found in the nose and throat.

WHAT ARE THE SYMPTOMS?

It usually begins with cold-like symptoms including sneezing, runny nose, a mild occasional cough, and low-grade fever; then the cough becomes more severe. Often a person has attacks or spasms of coughing. Coughing may cause a person to vomit, cough up mucous, or lose their breath. Coughing may continue for weeks or months. Uncommonly, a child may make a crowing sound (whoop) when they draw a breath after coughing severely. Teens and adults usually have a milder form of the disease.

HOW IS PERTUSSIS SPREAD?

Through the air by coughing or sneezing, sharing food, sharing eating utensils, or kissing.

WHO CAN GET PERTUSSIS?

People of all ages. If a person has had pertussis once, they almost always are protected for life.

CAN A PERSON GET PERTUSSIS EVEN IF THEY HAVE BEEN IMMUNIZED?

YES. The vaccine protects about 80% of fully vaccinated people. Because the protection given by vaccine generally lasts fewer than 12 years, fully immunized children are well protected, but very few teens and adults have any immunity. The vaccine is not given after the 7th birthday due to the increased frequency of side effects in people over age 7.

HOW SOON AFTER INFECTION DO SYMPTOMS OCCUR?

From 7-21 days, usually 7-10 days.

**HOW LONG IS
SOMEONE
CONTAGIOUS?**

From the time cold-like symptoms or cough begins until three weeks after the attacks of coughing started. When an infected person is treated with an effective antibiotic, they are no longer contagious after taking the antibiotic for 5 days.

**HOW LONG
SHOULD A
PERSON WITH
PERTUSSIS STAY
ISOLATED AT
HOME?**

Infected persons who are not treated should stay home for three weeks after the attacks of coughing started. Infected persons who are treated may return to day care, work, or school after completing five days of antibiotic. **It is very important that they take all the doses of antibiotic that has been prescribed.**

**WHAT SHOULD BE
DONE TO
PROTECT PEOPLE
WHO HAVE BEEN
EXPOSED?**

- Anyone exposed to pertussis that has cold-like symptoms or cough should be promptly examined and tested by a physician.
- The health department recommends that household contacts and close contacts exposed to pertussis should take an effective antibiotic for the prescribed time.
- Those under the age of seven exposed to pertussis should have their immunization record evaluated by a nurse or doctor to see if their DTP or DTAP immunizations are up to date.

**WHAT CAN BE
DONE TO
PREVENT
PERTUSSIS?**

Vaccination is the most effective prevention. The series of 5 Diphtheria-Tetanus-Pertussis (DTP or DTAP) immunizations begin at age 2 months. Also, people should cover their mouth when coughing or sneezing, use disposable tissues, and wash their hands often.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

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REPORTABLE AND RESTRICTABLE DISEASES

RESPIRATORY SYNCYTIAL VIRUS (RSV)

WHAT IS RESPIRATORY SYNCYTIAL VIRUS (RSV)?

RSV causes infections of the upper respiratory tract (like a cold) and the lower respiratory tract (like pneumonia). It is the most frequent cause of lower respiratory infections, including pneumonia, in infants and children under two years of age. Almost 100 percent of children in child care get RSV in the first year of their life, usually during outbreaks during the winter months. In most children, symptoms appear similar to a mild cold. About half of the infections result in lower respiratory tract infections and otitis media. An RSV infection can range from very mild to life threatening or even fatal. Children with heart or lung disease and weak immune systems are at increased risk of developing severe infection and complications. RSV causes repeated symptomatic infections throughout life.

HOW IS RSV SPREAD?

RSV is spread through direct contact with infectious secretions such as by breathing them in after an infected person has coughed or by touching a surface an infected person has contaminated by touching or coughing on it. A young child with RSV may be infectious for one to three weeks after symptoms subside.

HOW CAN IT RSV BE PREVENTED?

The most effective preventive measure against the spread of RSV and other viral infections is careful and frequent hand washing. Once one child in a group is infected with RSV, spread to others is rapid. Frequently, a child is infectious before symptoms appear. Therefore, an infected child does not need to be excluded from child care unless they are not well enough to participate in usual activities.

If a child or adult in the child care facility develops an illness caused by RSV infection:

- Make sure that procedures are followed regarding:
 - ❖ Hand washing
 - ❖ Hygiene
 - ❖ Disposal of tissues
 - ❖ Cleaning and disinfecting of toys

If multiple cases occur, charting or separating ill children from well/recovered children may help reduce the spread of RSV. Do not exclude ill children unless they are unable to participate comfortably in activities or require a level of care that would jeopardize the health and safety of the other children in your care.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

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REPORTABLE AND RESTRICTABLE DISEASES

RINGWORM

**WHAT IS
RINGWORM?**

Ringworm is caused by fungi and may affect skin, hair, or nails of humans and animals.

**WHAT ARE THE
SYMPTOMS?**

Flat or slightly raised ring shaped rash of the scalp or skin. There may be small, pus-filled or clear fluid filled blisters on the rash or it may be scaly or crusted. On the scalp there may be patches of temporary baldness.

HOW IS IT SPREAD?

It is spread either by direct contact with rashes on the skin or scalp of infected persons, contact with rashes on animals, or contact with contaminated clothing, combs or brushes.

**WHEN DO THE FIRST
SIGNS OF ILLNESS
OCCUR?**

From four to fourteen days after exposure to the fungus.

**HOW LONG IS IT
CONTAGIOUS?**

Spread may occur as long as there are live germs present on the skin or scalp.

**HOW LONG SHOULD A
CHILD BE KEPT AT
HOME?**

Children should be kept out of child care until treatment with an effective antibiotic ointment has started. The rash should be covered until it heals. Children should be kept out of gyms and swimming pools until complete healing has occurred. Children should be kept out of activities where skin-to-skin contact is likely to occur until their rash has completely healed.

**WHAT SHOULD A
PERSON DO AFTER
BEING EXPOSED?**

Avoid direct contact with persons known to have ringworm. Wash hands and parts of the body that have touched infected areas.

**HOW CAN RINGWORM
BE PREVENTED?**

Do not share combs and brushes. Routine laundering of clothes and towels with hot water and detergent is recommended.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

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REPORTABLE AND RESTRICTABLE DISEASES

RUBELLA (GERMAN MEASLES)

WHAT IS RUBELLA?

A mild viral disease with a rash. It can cause birth defects.

WHAT ARE THE SYMPTOMS?

Fever, usually 101°F or lower. Pink rash usually begins on the face and spreads to the chest, back, stomach, arms, and legs. The rash is usually gone within 3 days after onset. The glands at the back of the skull and behind the ears may be swollen. Up to half of people with rubella have no apparent symptoms at all.

HOW IS IT SPREAD?

Through the air when a person coughs or sneezes.

WHEN DO THE FIRST SIGNS OF ILLNESS OCCUR?

From 14-21 days after exposure and infection.

HOW LONG IS IT CONTAGIOUS?

About a week before the rash starts until at least 4 days after the rash started.

HOW LONG SHOULD A CHILD BE KEPT AT HOME?

For 7 days after their rash started.

**WHAT SHOULD A
PERSON DO
AFTER BEING
EXPOSED?**

- Pregnant women who have been exposed to rubella should immediately contact their physician to find out whether they are protected.
- Children 12 months or older should be immunized against rubella if they haven't been vaccinated already.
- Every child care worker should know that they are immune (protected against) to rubella. There are two ways to know that someone is immune:
 1. Proof of rubella immunization.
 2. A blood test to check immunity.

**HOW CAN
RUBELLA BE
PREVENTED?**

Children should receive Measles-Mumps-Rubella (MMR) vaccine at 12-15 months of age. All child care workers should have proof of immunity to rubella.

Contact your doctor or local health department for more information.

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REPORTABLE AND RESTRICTABLE DISEASES

SALMONELLA (SALMONELLOSIS)

WHAT IS SALMONELLA?

A bacterial diarrheal infection of the intestines.

WHAT ARE THE SYMPTOMS?

Salmonella infection starts with headache, diarrhea, abdominal cramps, nausea, and vomiting. Dehydration (loss of body fluids) may be severe especially among infants or the elderly.

WHAT ARE THE SOURCES OF SALMONELLA?

- Raw and undercooked eggs.
- Undercooked poultry or meat.
- Unpasteurized (raw) milk.
- Pets, including iguanas, turtles, various reptiles, amphibians, and baby chicks.
- Salmonella bacteria are in the intestines of the infected person or animal and leave the body in the feces. If a person does not wash their hands well after a bowel movement, after changing diapers, or handling an infected pet, their hands may be contaminated with bacteria. Their dirty hands can in turn contaminate food, toys, or other objects, which may lead to infection in others.

HOW LONG AFTER BEING INFECTED DOES A PERSON BECOME SICK?

From 6-72 hours, usually within 12-36 hours.

WHEN CAN SOMEONE WITH SALMONELLA SPREAD IT TO OTHERS?

From several days to several weeks after infection. Taking antibiotics **does not** shorten the time that someone is contagious and may make it longer.

**HOW CAN THE
SPREAD OF
SALMONELLA BE
PREVENTED?**

Thorough hand washing with soap and water:

- After using the toilet.
- After diapering children or assisting them using the toilet.
- After handling pets.

Do not eat raw or undercooked eggs or consume unpasteurized(raw) dairy products.

Thoroughly rinse/wash all fruits and vegetables in potable water. Use a vegetable brush to completely clean unpeeled vegetables.

Avoid cross-contamination of utensils and food preparation surfaces. Do not use the same knives or cutting boards for raw meats and vegetables. Thoroughly clean all utensils and preparation surfaces.

**WHEN CAN A
PERSON WITH
SALMONELLA
RETURN TO WORK
OR CHILD CARE?**

Work - Food service workers are required to have two (2) negative stool samples before returning to work. Child care workers and health care workers **may** be restricted from work.

Child Care – Children with diarrhea may be excluded from child care.

**WHAT IS THE
TREATMENT?**

Drink plenty of fluids to prevent dehydration. As a rule, antibiotics are not prescribed if salmonella is laboratory confirmed.

Contact your doctor or your local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

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REPORTABLE AND RESTRICTABLE DISEASES

SCABIES (ITCH MITES)

WHAT IS SCABIES?

Scabies is a parasitic disease caused by mites (*Sarcoptes scabiei*) that penetrates the top layer of a person's skin. The female mite burrows under the surface of the skin and lays her eggs, that causes intense itching. The itching is usually most severe at night. Scabies infection can also be accompanied by a rash and/or skin eruptions in the areas of the infestation.

HOW CAN I TELL IF I HAVE SCABIES?

The mite burrows are often visible as white or gray thread-like tunnels under the skin. The most common areas where burrows are found are:

- Men – between the webs of the fingers, the inside of the wrists, elbows, armpits, beltline, thighs, ankles, and genitals.
- Women – the nipples, abdomen, and lower portion of the buttocks.
- Infants – the scalp, neck, palms of the hands, and the soles of the feet.

IS SCABIES A SERIOUS HEALTH PROBLEM?

In healthy individuals, there are very few complications from scabies. The most common problem is secondary bacterial infections caused by scratching. Scabies infestation can be more severe in immune-compromised persons, the developmentally disabled, and the elderly.

HOW IS SCABIES TRANSMITTED?

The scabies mite is transmitted by skin to skin contact or during sexual contact. The mite can be transferred on underwear or bedclothes which have been used immediately prior by an infested person. The mite can burrow beneath the skin in less than three minutes.

HOW IS SCABIES TREATED?

SEE YOUR DOCTOR!

- Scabies can be treated by applying an appropriate scabicide cream or lotion. The most effective treatments are prescription medications. The most common treatment for children is a lotion containing 5% permethrin. Adults may use the permethrin treatment or alternatively a 1% lindane lotion. *Lindane is not recommended for pregnant women or very young children.* Be sure to carefully follow the directions provided by your physician. Itching may last up to two weeks after successful treatment. Secondary infections caused by scratching should be treated with antibiotics.
- Household, sexual, and close contacts of a person with scabies should be treated at the same time.
- Clothes or bedding used up to three days before treatment should be laundered in hot, soapy water and dried in the hot cycle of the dryer.

HOW CAN SCABIES INFESTATION BE PREVENTED?

Avoid skin to skin or sexual contact with an infested person.

WHAT ABOUT SCHOOL OR CHILD CARE?

Children with scabies should be excluded from school or child care until appropriately treated.

Contact your doctor or local health department for more information.

CENTRAL DISTRICT HEALTH DEPARTMENT

Epidemiology Department

1-208-327-8625

REPORTABLE AND RESTRICTABLE DISEASES

SHIGELLA (SHIGELLOSIS)

WHAT IS SHIGELLA?

A bacteria which causes an infection of the intestines.

WHAT ARE THE SYMPTOMS?

Diarrhea (sometimes with blood or mucus), fever, nausea, abdominal cramps, and sometimes vomiting.

HOW IS IT SPREAD?

Shigella bacteria are in the intestines of a person who is infected. The bacteria can leave the body in the feces. If an infected person doesn't wash their hands thoroughly with soap and water after a bowel movement, the hands may be contaminated with bacteria.

Spread can occur:

- When a person with contaminated hands touches food, the food may be contaminated with shigella bacteria. Whoever eats the food can then become infected.
- When a person doesn't wash their hands thoroughly with soap and water after changing an infected child's diaper.
- Through sexual spread (primarily oral-anal contact).
- By handling or touching fecally-contaminated surface and objects (toys, etc.)
- By drinking contaminated water or unpasteurized milk.

HOW LONG AFTER EXPOSURE DOES A PERSON BECOME SICK?

From 1-7 days. Usually 2-4 days.

WHEN CAN SOMEONE WITH SHIGELLA GIVE IT TO OTHERS?

From the time they first get sick until about one month after symptoms began. Treatment with antibiotics usually reduces the time a person is able to spread the disease to less than a week.

**WHO IS
SUSCEPTIBLE?**

Anyone, any age.

**HOW CAN THE
SPREAD OF
SHIGELLA BE
PREVENTED?**

Thorough hand washing with soap and water:

- After using the toilet.
- After diapering children.
- Before handling food.

Disinfect things that may have been contaminated with feces, for example, toilet, diaper changing table, faucets, door knobs, refrigerator door handle, toys, etc.

**WHEN CAN A
PERSON WITH
SHIGELLA
RETURN TO WORK
OR CHILD CARE?**

Work: People with shigella who care for children, patients, or people who work as food handlers must not work while they have diarrhea *and* until no shigella bacteria are isolated from two stool samples collected 24-hours apart.

Child Care: Children with shigella who have diarrhea should not attend child care until their symptoms have stopped *and* they have two negative stool samples collected 24-hours apart.

**WHAT IS THE
TREATMENT?**

Drinking large quantities of fluids to prevent dehydration. Doctors may prescribe an antibiotic.

Contact your doctor or local health department for more information.

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REPORTABLE AND RESTRICTABLE DISEASES

STREPTOCOCCAL – SORE THROAT (STREP THROAT)

WHAT IS STREP THROAT?

A bacterial disease affecting the throat.

WHAT ARE THE SYMPTOMS?

Fever, red and painful throat, red and draining tonsils plus tender and enlarged lymph nodes. Sometimes there is also a rash present. When a person has a rash caused by strep bacteria it's called scarlet fever.

HOW IS IT SPREAD?

Through the air when a person coughs or sneezes. Also by eating food or milk contaminated by strep bacteria.

WHEN DO THE FIRST SIGNS OF ILLNESS OCCUR?

From 1-5 days after exposure.

HOW LONG IS IT CONTAGIOUS?

Someone with strep throat is most contagious when they are sick with sore throat and fever. If they are not treated they may continue to be contagious for weeks. If a person with strep throat is treated with antibiotic, they will not be contagious within 24-hours after their treatment started.

HOW LONG SHOULD A CHILD BE KEPT AT HOME?

Until 24-hours after they have started taking an antibiotic.

WHAT SHOULD A PERSON DO AFTER BEING EXPOSED?

Children who have been exposed to someone with strep throat and who have symptoms of strep throat should be sent home and evaluated by a physician as soon as possible.

**HOW CAN STREP
THROAT BE
PREVENTED?**

Good personal hygiene practices should be followed. Cover the nose and mouth with disposable tissues when coughing or sneezing. Dispose of soiled tissues after wiping a runny nose. Always follow with proper hand washing. Always wash hands well before preparing food or eating. Do not share eating utensils, food, or drinking cups. Disinfect toys mouthed by infants and toddlers.

Contact your doctor or local health department for more information.

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